THE ARNOLD P.
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Research Institute

Mapping the Landscape, Journeying Together

Symposium 2017

May 7-9, 2017
Westin O'Hare Airport Hotel, Chicago, IL

OLD MAPS NO LONGER WORK

I keep pulling it out—
the old map of my inner path.
I squint closely at it,
trying to see some hidden road
that maybe I've missed,
but there's nothing there now
except some well-traveled paths.
They have seen my footsteps often,
held my laughter, caught my tears.

I keep going over the old map
but now the roads lead nowhere,
a meaningless wilderness
where life is dull and futile.

"Toss away the old map," she says.
"You must be kidding!" I reply.
She looks at me with Sarah eyes
and repeats, "Toss it away.
It's of no use where you're going."

"I have to have a map!" I cry,
"even if it takes me nowhere.
I can't be without direction."
"But you are without direction,"
she says, "so why not let go, be free?"

So there I am—tossing away the old map,
sadly, fearfully, putting it behind me.
"Whatever will I do?" wails my security.
"Trust me," says my midlife soul.

No map, no specific directions.
No "this way ahead" or "take a left."
How will I know where to go?
How will I find my way? No map?
But then my midlife soul whispers:
"There was a time before maps
when pilgrims traveled by the stars."

–   Joyce Rupp

THE ARNOLD P. GOLD FOUNDATION

Research Institute

Mapping the Landscape, Journeying Together

Symposium 2017
May 7-9, Chicago, IL

PLANNING COMMITTEE:

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Christian Herold
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Ali Rae	Research Institute Fellow
Molly Ward Olmsted	Research Institute Intern

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Logic Model

Welcome to the Gold Foundation Research Institute's third annual Mapping the Landscape, Journeying Together Symposium!

The Arnold P. Gold Foundation, established in 1988 by Drs. Arnold and Sandra Gold, is dedicated to keeping healthcare human. The Foundation's mission is to sustain the commitment of healthcare professionals to provide compassionate, collaborative and scientifically excellent patient care.

As participants in Mapping the Landscape (MTL), you are part of the Gold Foundation's Community of Caring, a network of like-minded individuals who appreciate having a place to connect, learn and advocate for humanism in healthcare.

MTL is a growing community of practice currently made up of 300 researchers from over 60 institutions. We aim to:

- promote widespread understanding of the state of research on humanism in healthcare;
- catalyze further investigation in this area; and
- advocate for the integration of humanistic principles into health professions education, clinical learning environments, accreditation standards and healthcare policy.

Since 2013, we have awarded **56 MTL Literature Review Grants**. Rigorous reviews of the literature help us to understand current evidence, and pave the way for us to fill gaps in knowledge and create a research-informed agenda for change. Grantee teams receive $5,000 to complete a submission-ready manuscript within 18 months. Grantees have commented that this external funding has provided an impetus for researchers and in turn, their institutions, to prioritize humanism-focused projects. 69% of the teams from our first round of funding successfully published their papers in peer-reviewed journals. Teams from our second round of funding are now submitting their papers for consideration.

Since 2015, we have also given **10 MTL Advocacy and Discovery Grants** to individuals who have previously been awarded a Mapping the Landscape Literature Review Grant. Advocacy Grants support projects in which evidence derived from a literature review is used to advocate for change. Discovery Grants support studies designed to fill a research gap identified in their literature review. Grantees have told us that this funding has provided a viable way to move research into practice-based projects.

The highlight of the Mapping the Landscape initiative is our annual **MTL Symposium,** when our members come together to build relationships, share research findings and project work, and develop skills in humanism research and advocacy. And we also have a ton of fun!

Participants have told us the networking opportunities provided by these symposia have led to new research and change-making collaborations as well as a renewed sense of purpose. We are highly responsive to our participants' input in shaping the content and process of each symposium, so please take the opportunity to provide feedback in your symposium evaluation.

The symposium is not just about information but also about transformation. We invite you to open your mind and your heart to what is possible. We are so grateful be in this work together.

Sincerely,

Liz + Brandy

MAPPING THE LANDSCAPE,
JOURNEYING TOGETHER
ACCOMPLISHMENTS

Team Publications

69% of teams from the first MTL cohort have had their papers published or accepted for publication:

1. Alkureishi LA, Lee W, Lyons M, Press V, Iman S, Nkansah-Amankra A, Werner D, Arora V. **Impact of electronic medical record use on the patient-doctor relationship and communication: A systematic review.** *Journal of General Internal Medicine*. 2016 May;31(5):548-60.

2. Buck E, Holden M, Szauter K. **A methodological review of the assessment of humanism in medical students.** *Academic Medicine*. 2015 Nov;90(11 Suppl):S14-23. (Open Access)

3. Cowen VS, Kaufman D, Schoenherr L. **A review of creative and expressive writing as a pedagogical tool in medical education.** *Medical Education*. 2016 Mar; 50(3); 311-319.

4. Dharmawardene M, Givens J, Wachholtz A, Makowski S, Tjia J. **A systematic review and meta-analysis of meditative interventions for informal caregivers and health professionals.** *BMJ Supportive Palliative Care*. 2016 Jun;6(2):160-9

5. Dennhardt S, Apramian T, Lingard L, Torabi N, Arntfield S. **Rethinking outcomes research in medical humanities: A scoping review and narrative synthesis.** *Medical Education*. 2016 Mar; 50(3); 285-299.

6. Eastwood JL, Koppelman-White E, Mi M, Wasserman JA, Krug III EF, Joyce B. **Epistemic cognition in medical education: A literature review.** *International Journal of Medical Education*. 2017; 8:1-12.

7. Epstein RM, Back AL. **Responding to suffering: What it requires of physicians now**. JAMA. 2015 Dec 22-29;314(24):2623-4.

8. Haidet P, Jarecke J, Adams NE, Stuckey HL, Green MJ, Shapiro D, Teal C, Wolpaw DR. **A guiding framework to maximize the power of the arts in medical education: A systematic review and metasynthesis.** *Medical Education.* 2016; 50(3); 320-331.

9. Kelly M, Nixon L, McLurg C, Scherpbier A, King N, Dornan T. **Experience of touch in healthcare: A meta-ethnography across the healthcare professions.** *Qualitative Health Research*. (Accepted for publication)

10. Kim, S, Lee, YM, Bochatay, N, Relyea-Chew, A, Buttrick, E, Amdahl, C, Kim, L, Frans, E, Mossanen, M, Khandekar, A, Fehr, R. **Individual, interpersonal and organizational factors of healthcare conflict: A scoping review**. *Journal of Interprofessional Care*. 2017; Feb 27.

11. Leslie L, Cherry RF, Mulla A, Abbott J, Furfari K, Glover JJ, Harnke B, Wynia MK. **Domains of quality for clinical ethics case consultation: A mixed-method systematic review.** *Systematic Reviews*. 2016 Jun;7;5:95.

12. Lorié Á, Reinero DA, Phillips M, Zhang L, Riess H. **Culture and nonverbal expressions of empathy in clinical settings: A systematic review.** *Patient Education and Counseling*. 2017 Mar;100(3):411-424.

13. Martimianakis MAT, Michalec B, Lam J, Cartmill C, Taylor JS, Hafferty FW. **Humanism, the hidden curriculum, and educational reform: A scoping review and thematic analysis.** *Academic Medicine.* 2015; 90: S5-S13. (Open Access)

14. Lynda Montgomery L, Loue S, Stange KC. **Linking the heart and the head: Humanism and professionalism in medical education and practice.** *Family Medicine*. (Accepted for publication)

15. Rose R, Chakraborty S, Mason-Lai P, Brocke W, Page SA, Cawthorpe D. **The storied mind: A meta-narrative review exploring the capacity of stories to foster humanism in health care.** *Journal of Hospital Administration*. 2016; 5:1. (Open Access)

16. Soklaridis S, Ravitz P, Adler Nevo G, Lieff S. **Relationship-centred care in health: A 20-year scoping review.** *Patient Experience Journal*. 2016; 3:1. (Open Access)

17. Sulzer SH, Feinstein NW, Wendland C. **Assessing empathy development in medical education: A systematic review.** *Medical Education*. 2016 Mar; 50(3); 300-310.

18. Wali E, Pinto JM, Cappaert M, Lambrix M, Blood A, Blair E, Small D. **Teaching professionalism in graduate medical education: What is the role of simulation?** *Surgery*. 2016 Sep; 160(3):552-64.

19. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. **Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis.** *Lancet*. 2016 Nov 5;388(10057):2272-2281

Special Issue of Medical Education

On February 20, 2016 a special issue of *Medical Education* dedicated to humanism in healthcare was released as a result of a partnership between the Arnold P. Gold Foundation and the AMS Phoenix Project in Canada. Both organizations work to support healthcare trainees and professionals in delivering compassionate care. The special issue contains four literature reviews by Mapping the Landscape teams (Cowen, Denhardt, Haidet, Sulzer) as well as four Commentaries by other Mapping the Landscape community members:

1. Gaufberg E, Hodges B. **Humanism, compassion and the call to caring.**
2. Holmboe E. **Bench to bedside: Medical humanities education and assessment as a translational challenge**.
3. Kelly M, Dornan T. **Mapping the landscape or exploring the terrain? Progressing humanism in medical education**.
4. Martimianakis MA, Hafferty FW. **Exploring the interstitial space between the ideal and the practised: Humanism and the hidden curriculum of system reform**.
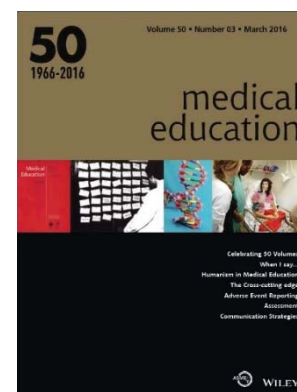
Literature Reviews Honored

Two Mapping the Landscape literature reviews (Buck, Martimianakis) were selected for the Research in Medical Education (RIME) sessions at the 2015 Association of American Medical Colleges (AAMC) meeting. Authors gave a one hour presentation on their work and their papers were published in *Academic Medicine*. Martimianakis and team were selected for the Best Paper Award, presented to them at the 2016 AAMC meeting.

MTL in the Media

Media attention has been given to both Epstein and Back's work as well as to the work of Alkureishi et al.:

1. Oaklander M. **The one question you really want your doctor to ask**. *Time*. December 22, 2015.
2. Sun LH. **The simple way doctors can make their patients feel understood**. *The Washington Post*. December 28, 2015.
3. Pelletier SG. **Teaching medical students to integrate electronic medical records into patient-centered care**. *AAMC Reporter*. February/March 2016.

Upcoming Presentations about MTL

Presentations about the MTL initiative are scheduled for the April 2017 meeting of the Academy for Professionalism in Health Care in Chicago and the Schwartz Center Compassion in Action Course in June 2017 in Boston.

SUNDAY, MAY 7

1:00 PM   REGISTRATION

2:00 PM   WELCOME – Research Institute Director, Liz Gaufberg

2:15 PM   ART REFLECTION OPENER – Liz Gaufberg

3:00 PM   COMPLETED LITERATURE REVIEW PRESENTATIONS

The Changing Face of Humanism: A Review of Longitudinal Studies of Humanism in Undergraduate Medical Education
> Presenter: *Era Buck, Mark Holden*

Professional Identity Formation in Medicine - How Does Humanistic Healthcare Education with a Focus on Patient Centeredness Help to Shape That Identity?
> Presenter: *Deborah Danoff*

Components and Efficacy of Compassion Training Programs in Healthcare: A Meta-Narrative Synthesis across Perspectives
> Presenter: *Monica C. Worline*

Fostering Humanistic Support for Families of Hospitalized Children: A Scoping Review and Narrative Synthesis
> Presenter: *Aleesha Shaik*

Cultural Variance in Defining Autonomous Medical Decision-Making: A Systematic Review
> Presenter: *Subha Perni*

Understanding Quality in Clinical Ethics Case Consultation: A Meta-Analysis
> Presenters: *Abbas Mulla, Matthew K. Wynia*

Shared Medical Appointment Implementation as a Humanistic Approach to Patient-Centered Experience: A Mixed-Methods Systematic Review
> Presenters: *Adam S. Hoverman, Trevor Archibald, Byron Haney*

3:40 PM   DEBRIEF – Tina Martimianakis

3:55 PM   BREAK

4:05 PM   COMPLETED LITERATURE REVIEW PRESENTATIONS

Creating Coherent Stories: Humanism in Healthcare, a Qualitative Evidence Synthesis
   Presenter: *Martina Kelly*

Equalizing Voices: Speaking Up the Power Hierarchy in Healthcare
   Presenters: *Sara Kim, Jennifer Best*

Humanism and the Premedical Realm(s): A Narrative Overview and Preliminary Analysis
   Presenters: *Barret Michalec, Monica M. Cuddy*

Organ Donation across Cultures: Developing Best Practices
   Presenters: Margot Phillips, Helen Reiss, Tess Lauricella

Responding to Emotive with GIVES: An Evidence-based Model to Build Trust, Alignment, and Promote Value-Based Decisions in Critical Conversations
   Presenters: *Laura Kane Rock, Julia Whelan*

Teaching the Humanity of Evidence-Based Medicine: Informed by the Literature, Guided by the Physician, Framed by the Patient
   Presenters: *Brian D. Schwartz, Nicole Michels*

What Is The Impact of Reflection as a Teaching Tool in Graduate Medical Education? Examining the Evidence
   Presenter: *Sandra Yingling*

4:45 PM   DEBRIEF – Tina Martimianakis

5:00 PM   BREAK

5:30 PM   RECEPTION

6:30 PM   DINNER – Welcome from President & CEO Richard Levin

7:30 PM   JAZZ & MEDICINE – Paul Haidet and Alex Green

MONDAY, MAY 8

7:30 AM   YOGA – Virginia Cowen *(Banks, 45 minutes, Optional)*
MINDFULNESS – Jennifer Tjia *(Wells, 45 minutes, Optional)*

8:00 AM   BREAKFAST

9-9:30 AM   OPENING WARM-UP

9:30 AM   COMPLETED ADVOCACY AND DISCOVERY PRESENTATIONS

*How Does Physician Burnout Affect the Quality of Healthcare? A Systematic Review Focusing on Safety and Acceptability
   Presenter: *Carolyn S. Dewa*
   Abstract can be found in 2015-2017 Literature Review Section

Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age
   Presenter: *Wei Wei Lee*

Activate for Inquiry: A Model for Creating and Sustaining a Culture of Speaking Up
   Presenter: *Jennifer A. Best*

Mindfulness Interventions for Family Caregivers of Patients in Home Hospice
   Presenter: *Jennifer Tjia*

A Qualitative Study of Preferred Institutional Approaches to Control of Work-Home Interference for Physicians
   Presenter: *Colin P. West*

10:00 AM   DEBRIEF – Rich Frankel

10:30 AM   WORKSHOP SESSION 1 *(See descriptions on page 11)*

11:45 PM   BREAK

12:00 PM   LUNCH

1:00 PM   WORKSHOP SESSION 2 *(See descriptions on page 11)*

2:15 PM   BREAK

2:30 PM   OFFICE HOURS *(See description on page 13)*

5:00 PM   POSTER SESSION *(Works in progress abstracts on pages 27-38)*

6:30 PM   DINNER

7:30 PM   STORYTELLING

TUESDAY, MAY 9

7:30 AM   MINDFULNESS – Ron Epstein *(Location, 45 minutes, Optional)*

8:00 AM   BREAKFAST

9:00 AM   WHY & HOW YOU SHOULD WRITE OP-EDS ABOUT HUMANISM – Tim Lahey

Clinicians live and breathe stories of patients and families and the committed people who serve them. Importantly, these stories can provide wisdom about compassionate care or demonstrate failings of the healthcare system. Op-eds written by clinicians, thus, can inspire, relieve stress, create new communities of practice, and enrich the public dialogue about healthcare. In this session we will discuss why and how compassionate clinicians should write op-eds, even if it is intimidating to get started. We will practice starting an op-ed, and in the process we will share clinical stories with each other. Come prepared to write, to share, and to sharpen your advocacy for humanism.

11:00 AM   CLOSING COMMITMENTS

12:00 PM   ADJOURNMENT

WORKSHOPS

1 – Step Back to Step Forward: Small group consultation on your research, education or advocacy project

Led by Maren Batalden, Richard Frankel, Paul Haidet, & Alex Green
Located in Wells (Lower Level)

In this interactive workshop, you will have the opportunity to experience a peer-to-peer collaborative approach to problem solving and project development known as the 'step-back consultation'. We will divide up into small facilitated groups of 3-4 participants and use the step-back consultation method to stimulate new ideas and approaches to the development, implementation and evaluation of your research, education or advocacy project.

If you register for this workshop, you will be asked ahead of time (via email) to submit a brief paragraph describing a project, along with up to three key questions you would like your small group to focus on. During the workshop you will have 3-5 minutes to present your project and to pose consult questions, and then 'step-back' and view the possibilities for your project through fresh eyes!

This is a good opportunity to network and meet MTL colleagues. If you do not have an active project yourself, but still wish to learn about and from others' projects, you are welcome to sign up. Since numbers are limited, we will prioritize attendance for participants with projects to share.

> Taught by *Maren Batalden, Rich Frankel, Alex Green, and Paul Haidet*. These researchers have hundreds of research publications between them, have all received grants from the Gold Foundation and have experience with the step-back method described above.

2 – Bringing Mindful Practice into your Workplace: Transforming yourself and your work environment through deep listening

Led by Ron Epstein
Located in Banks (Lower Level)

This workshop will develop skills of deep listening using appreciative inquiry (about their own transformative capacity) and insight dialogue (around themes of courage to change, enablement and community), approaching the questions of participants' relationships to institutional structures, values and conditions that either promote or constrain humanism in the workplace, and providing a roadmap for steps toward transformation.

Participants will learn how to articulate the matches and mismatches between their own values and those of the institutions within which they work; how to identify internal and external conditions that facilitate or impede the enactment of humanistic values in their home institutions; and how to identify internal and external factors that might facilitate change in institutional culture, norms and/or structures that could promote humanism.

> *Dr. Ron Epstein* has developed innovative educational programs that promote mindfulness, communication and self-awareness. He co-directs the Mindful Practice Programs at the University of Rochester School of Medicine and has just published his first book, *Attending: Medicine, Mindfulness and Humanity.*

3 – Measuring the Unseen: Theory, development & use of self-report instruments
Led by Marianna LaNoue
Located in Burton (Lower Level)

The measurement of unobservable features and attributes (constructs) is an important part of the scientific process, but one which is often misunderstood. Within the study of the practice of medicine we often attempt to draw conclusions about relationships among important variables like humanism, patient-centeredness, empathy and burnout and it is therefore critically important that we have adequate conceptualizations of these traits and attributes, and a clear understanding of their measurement features, strengths and limitations.

This workshop will engage participants to think about the validity of such measures through presentation and exercises focusing on how measures are developed, and historic and modern ideas about validity and reliability. We will use the Jefferson Scale of Empathy as an exemplar and also explore features of other scales in order to equip participants with skills to wisely choose and use self-report measures in their own work.

> *Dr. Marianna LaNoue* is a PhD trained research methodologist with extensive experience in scale development and psychometrics who has done extensive work with the Jefferson Scale of Empathy and is currently developing a scale of Patient Uncertainty.

4 – Music Lessons: Using musical constructs to create outstanding academic presentations
Led by Doug Buller & Cynthia Whitehead
Located in Michigan A

"Any time someone is speaking for the purpose of performance, whether they are doing it from a pulpit in a church, whether it's a candidate on the stump or an actor on a stage, any time they are speaking for the purpose of performance, all of the rules of music apply."
          --Aaron Sorkin, Screenwriter

In music there are no important notes. No sentimental, sad or inspiring ones. None that make a piece of music French or Latin, Cajun or Hip-hop, Baroque or Metal. In music all meaning, all identity and all value, exist entirely in configuration. It is only once we understand that our presentations too are a configuration of elements, that they too are compositions performed for an audience, it is only then we can develop approaches that will make these presentations as coherent, engaging and memorable as they should be. In this workshop we will work with participant presentations to explore configuration with the goal of insuring that the form, as much as the content conveys meaning.

Participants should bring a presentation to work on during the workshop and should view the Say Something video series before the symposium.

> *Doug Buller* spends most of his days adding text and images to slides to help make presentations more engaging and memorable. When he is not making slides, he is thinking about, reading about, writing about or teaching about how to make compelling slides. He usually does this at the Wilson Centre at the University of Toronto but has been invited to do workshops in Prague, Denmark, Singapore and the United Kingdom.

> *Cynthia Whitehead MD, PhD, i*s Director and Scientist at the Wilson Centre for Research in Education in Toronto. An academic family physician and Vice President Education, Women's College Hospital, her research focuses on examining assumptions that underpin medical education practices and she has worked closely with Doug on several presentations.

OFFICE HOURS

From 2:30pm to 5:00pm on Monday afternoon, we invite you to choose any activity or combination of activities that helps you work toward your goals. We hope you will use at least half of the allotted time period for work while also allowing yourself a bit of a break before evening activities.

Sign-ups will be available on the bulletin board near registration starting Monday morning. There will be limited slots available for consults. You are also welcome to post on the bulletin board about a topic you'd like discuss and others can sign up to join you.

Any time

Team meeting: Gather your team members together in person and/or by phone to discuss next steps of your project, perhaps based on ideas you heard at the symposium.

Networking and/or collaboration: Meet with someone you are interested in talking to about a specific project or area of humanism in healthcare.

Writing: Take some time to work on your paper or to write a 700 word essay for the Gold Foundation website about your experience at the Symposium (see Brandy King for more information).

2:45 PM – 3:30 PM

Introduction to Twitter: Meet with Gold Foundation staff to learn why Twitter is a great place for conversations about research. Staff will even walk you through setting up an account and sending your first tweet!

Tips on Writing for Publication: Join researchers and peer-reviewers Fred Hafferty, Eric Holmboe, and Tina Martimianakis for a panel discussion about what to pay attention to when submitting your work for publication.

Search Strategy Consult: Meet with a librarian to get advice on your team's lit search strategy.

3:45 PM – 4:30 PM

Tweet It Up a Notch: If you're already on Twitter but haven't figured out hashtags, join Gold Foundation staff for the scoop on how to use them to find community and useful information.

Presentation Consult: Get personal advice on your slides from Doug Buller, instructor of the workshop on academic presentations.

Research Consult: Get personal advice on your research design from one of the instructors of the Step Back to Step Forward workshop.

Self-Report Measures Consult: Get personal advice on instrumentation choice or other research design and analysis questions about self-report measures from Marianna LaNoue, instructor of the Measuring the Unseen workshop.

Workshops

2015 – 2017 LITERATURE REVIEW ABSTRACTS

*How Clinician Resilience Influences Patient Outcomes

Anthony Back, MD; Vicki Jackson, MD; Karen Steinhauser, PhD; Arif Kamal, MD; Andrea Ball, MLS, MSIM

Resilience for clinicians can be defined as an ability to bounce back from stress, and can be seen as the capacity that enables clinicians to deal with the threat of burnout, or recover from burnout. Research is beginning to identify measures that capture resilience for clinicians, and measure components of resilience. However, an important unaddressed question is whether clinician resilience has any influence on patient outcomes. The specific aim of our scoping review is to identify potential mechanisms, process measures, and patient-level outcomes of clinician resilience. Our multidisciplinary group of investigators represents medicine, nursing, health services, anthropology, bioethics, psychology, mindfulness, and neuroscience. A pilot test of an 8-session resilience intervention will be delivered at 3 pilot sites (Seattle, Boston, Durham). We have completed an extensive review of literature that identifies potential outcomes of resilience that would influence quality, and to our surprise it seems clear that clinician well-being has begun to be named as a '4th metric' needed for the future of ensuring quality care. The most glaring weakness of existing research is that there has been little work constructing or testing hypotheses that link clinician burnout or resilience directly to clinician abilities or capacities that would influence patient outcomes. In addition, the complexity of medical care means that clinician abilities are only one influence on patient outcomes in a complex system. The next steps for our team are to interview stakeholders about the possible implications of existing studies, and to begin to think about hypotheses that might influence future study design. We would like to ask the MTL community for suggestions about cross-disciplinary perspectives that would provide further insights into the complex relationship between clinician resilience and patient outcomes.

*This presentation will be given at the 2018 Mapping the Landscape Symposium

The Changing Face of Humanism: A Review of Longitudinal Studies of Humanism in Undergraduate Medical Education

Era Buck, PhD; Mark Holden, MD; Karen Szauter, MD

Background: The importance of humanism in medical education and practice has been clearly established with relevance to patient satisfaction, adherence to recommended treatment plans, medical-legal risk, and potential for physician burnout. This review focused on longitudinal studies of medical students to answer two research questions: 1) Do components of humanism change over time in medical students? 2) Do components of humanism respond to intentional intervention?

Methods: We conducted a systematic review of the literature for English language articles published between 2000 and 2014. We searched using the word "humanism" and terms that represent constructs of humanism combined with "undergraduate medical education".   Articles that measurement of humanism at more than one point in time were included.   Data extracted included the construct of humanism measured, the measurement tool, the timing of measurements, the type of intervention included (deliberate programming vs. standard curriculum) and the direction of change of the construct being assessed. Descriptive and non-parametric statistics were used.

Results: Forty-eight studies from 22 journals were reviewed. The direction of change was associated with study duration (Spearman's Rho = -.573, P=.000), indicating that studies with longer duration were more likely to report negative change. Study duration also differed across design categories (F=17.447, p=.000). Empathy was assessed in 37 (77%), humanism in 16 (33%) and altruism in 1 study.

<div align="right">**Abstracts**</div>

Discussion: Recommendations for practice include intentional, on-going educational experiences to address humanism in medical students. Recommendations for future investigations include additional exploration of the role context and perspective in understanding changes in humanism.

Professional Identity Formation in Medicine: How does Humanistic Healthcare Education with a Focus on Patient Centeredness Help to Shape that Identity?

Deborah Danoff, MD; Donald Boudreau, MD; Aliki Thomas, PhD, OT(c); Yvonne Steinert, PhD

Background: This study addresses "What is the relationship between professional identity formation and a medical education grounded in the patient/person centered approach?" Understanding this relationship can have a direct impact on educational programming to support professional identity formation that aims to assure that physicians will engage in humanistic health care.

Methods: A scoping review has been used to explore the research question to permit exploration of complex themes. The team established clear definitions for search terms including humanism, patient centered, identify formation and learner. Using defined inclusion and exclusion criteria, two team members reviewed each abstract. Where there was a discrepancy between the two evaluators, a third individual with content expertise reviewed both the abstract and the full paper. A detailed abstraction algorithm is being developed to permit analysis of key themes.

Results: The initial literature review yielded more than 300 titles and abstracts. The detailed abstract review identified more than 80 articles where there was concordance between the evaluators. A preliminary discussion of themes has yielded the following observations: articles focus on both medical students and residents, in the majority of activities, involving patients in clinical and/or educational experiences is considered patient-centered. Patient involvement in developing objectives is rarely described. Learners at all levels express appreciation of "patient-centered activities" and describe this as real world. However, it is not yet evident what long term impact such interventions might have.

Conclusions: Ongoing analysis is needed to clarify "patient centeredness". Interventions to enhance this are generally short term with limited follow-up. Detailed exploration is ongoing.

*How Does Physician Burnout Affect the Quality of Healthcare? A Systematic Review Focusing on Safety and Acceptability

Carolyn S. Dewa, MPH, PhD; Desmond Loong; Sarah Bonato, MIS; Lucy Trojanowski, MA

Objectives: This systematic literature review examines the current published peer-reviewed literature to address the question, "How does physician burnout affect the quality of healthcare related to the dimensions of acceptability and safety?"

Design: Using a multi-step, multi-reviewer screening process, this systematic literature review is based on publically available peer-reviewed studies published between 2002-2017. Six electronic databases were searched: (1) Medline Current, (2) Medline In-process, (3) Medline Epub Ahead of Print, (4) PsycINFO, (5) Embase, and (6) Web of Science.

Results: 4,114 unique citations were identified. Of these, 12 articles were included in the review. Two studies were rated as having high risk of bias and 10 as having moderate risk. Four studies were conducted in North America; four in Europe, one in the Middle East, and three in East Asia. Results of this systematic literature review suggest there is moderate evidence that burnout is associated with safety-related quality of care. Because of the variability in the way patient acceptability-related quality of care was measured and the inconsistency in study findings, the evidence supporting the relationship between burnout and patient acceptability-related quality of care is less strong.

Conclusions: The focus on direct care-related quality highlights additional ways that physician burnout affects the healthcare system. These studies can help to inform decisions about how to improve patient care by addressing physician burnout. Continued work looking at the relationship between dimensions of acceptability-related quality of care measures and burnout is needed to advance the field.

*Due to a scheduling conflict, the presentation for the project above will take place on Monday, May 8th

Components and Efficacy of Compassion Training Programs in Healthcare: A Meta-Narrative Synthesis Across Perspectives

Monica C. Worline, PhD; Emma Seppala Long, PhD; James R. Doty, MD

Compassion as a response to human suffering has long been a focus of humanistic medicine.[1] Yet the ability to practice with compassion is under siege from a host of conditions including time pressure, technological and financial change, skyrocketing stress, and increasing burnout. In the face of these challenges, the field is renewing an emphasis on cultivating compassion. To examine this interest, we adopted a meta-narrative review process that illuminates a variety of compassion training methods deployed in health care. Meta-narrative review is particularly suited to this project because of its explicit goal of distinguishing and synthesizing across a variety of perspectives.

We have undertaken a "territory mapping" process to focus on a number of programs that adopt different approaches to developing compassion, showcasing unique paradigms and methods. Some are grounded in meditation as a primary intervention while others are not. Some focus on relational skills such as trust, listening, and respect. Few focus on systemic change. Evidence of efficacy varies widely. Outcomes of interest include clinical measures, reduced burnout, and increased professional satisfaction.

Francis Peabody offered this beacon for humanistic medicine: "...the secret of the care of the patient is in caring for the patient." Our review suggests that while compassion training demonstrates some efficacious results for individual practitioners, the need now is for a systemic view that supports and integrates these programs into larger views that support the development of systems of compassion and care.

[1] Cassell, E. J. (1982). The nature of suffering and the goals of medicine. *New England Journal of Medicine*, 306(11), 639-645.

Fostering Humanistic Support for Families of Hospitalized Children: A Scoping Review and Narrative Synthesis

Stephanie Doupnik, MD; Hanah Bae, MS; Aleesha Shaik, BS; Maylene (Kefeng) Qiu, MA; Meghan Marsac, PhD; Chris Feudtner, MD, PhD, MPH

Context: Parents may experience psychological distress when a child is hospitalized, and interventions designed to support parents' coping have the potential to mitigate this distress.

Objective: To describe the content of interventions designed to provide coping support to parents of hospitalized children and the outcomes of such interventions.

Data Sources: We searched the databases Pubmed, Embase, PsycINFO, Psychiatry Online, and CINAHL from 1985 to 2016 for English-language articles including the concepts "pediatric," "hospitalization," "parents," and "coping support intervention."

Study Selection: 2 authors reviewed titles and abstracts to determine which studies met inclusion criteria and reviewed full text if a determination was not possible using information in the title and abstract. References of studies meeting inclusion criteria were reviewed to identify additional articles for possible inclusion.

Abstracts

Data Extraction: Data were abstracted and risk of bias was assessed using a structured instrument.

Results: Initial searches yielded 3450 abstracts for possible inclusion, and ultimately, 32 studies met inclusion criteria. Half (n=16) of studies involved coping support interventions for parents of infants hospitalized in a neonatal intensive care unit (NICU). The most commonly measured outcomes were parent depression, anxiety, and stress symptoms. With the exception of one study evaluating only feasibility, all included studies showed some evidence of a positive effect on parent, child, or family outcomes.

Limitations: Most included studies were conducted at single centers with small sample sizes.

Conclusions and Relevance: Evidence suggests that coping interventions can alleviate parents' psychological distress during children's hospitalization, which in turn might benefit parents and children.

Cultural Variance in Defining Autonomous Medical Decision-Making: A Systematic Review

Subha Perni, AB; David Horowitz, MD; Andrew Einstein, MD, PhD

Autonomy in medicine conventionally refers to an individual making an unconstrained choice about treatment. However, this notion may exclude culturally-influenced real-world decision-making processes. Our review explores cultural variance in conceptions of autonomy in medical decision-making. It analyzes different manifestations of and constraints upon autonomy in different cultures, assesses impacts of this variance, and analyzes how the literature constructs autonomy's relationship to culture.

We adapted Dixon-Woods' "critical interpretive synthesis" model with the aim of allowing concepts of autonomy to emerge. Our sampling frame was the English PubMed/MEDLINE database results for the MeSH terms "culture" and "personal autonomy." 623 unique papers published since 2000 were identified; 217 were selected for robustness and relevance. 45 were qualitative/quantitative empirical studies. Detailed inspection and critical synthesis of empirical and theoretical data were conducted; each paper was re-evaluated multiple times in the context of the evolving critical synthesis.

This body of work challenges the notion of patient autonomy as "common-sense" ethical norm, and describes how requirements for truth-telling and decision-making vary in different clinical contexts, even between encounters with different groups in the same country. We also interrogate the literature's construction of a dichotomy between the "Western" individualist and "other" communitarian approaches to the medical encounter, a juxtaposition that in strict application may have the harm of biasing physicians' approaches to patients of different ethnicities and ignoring the significance of personality, class, and strength of familial/social relationships. This dichotomy also obscures the evolving nature of autonomy norms in non-Western countries and for ethnic minorities.

Understanding Quality in Clinical Ethics Case Consultation: A Meta-Analysis

Louis Lesliea; Rebecca Frances Cherry, MS; Abbas Mulla, MS; Jean Abbott, MD, MH; Kristin Furfari, MD; Jacqueline J. Glover, PhD; Benjamin Harnke, MLIS; Matthew K. Wynia, MD, MPH

This is part II of a proposed 3-part mixed methods systematic review of domains of quality for clinical ethics case consultation.[1] Following a comprehensive literature review, we performed a meta-analysis of randomized controlled trials examining outcomes associated with clinical ethics case consultation (CEC). Six studies met criteria for inclusion in the meta-analysis, all of which examined outcomes only among patients in intensive care unit (ICU) settings. Five of the studies were conducted in the US and were published between 1999 and 2005, one study was conducted in Taiwan and was published in 2014. Key outcomes measured in most of these studies include mortality, hospital length of stay, ICU length of stay, days receiving artificial nutrition and hydration (ANH), and health care costs. Only the newer study examined actual resolution of conflict as an outcome, though some earlier studies examined staff and patient or surrogate satisfaction with the CEC. In general, receipt of CEC is associated with reduced length of stay, reduced use of ANH, reduced cost and earlier mortality. These findings may have stifled further research in this field. New measures of effectiveness and perhaps other quality metrics for CEC will be needed to carry out the next generation of studies of CEC quality.

Leslie L, Cherry RF, Mulla A, et al. Domains of quality for clinical ethics case consultation: a mixed-method systematic review. <u>Syst Rev.</u> 2016 Jun 7;5:95. doi: 10.1186/s13643-016-0273-x

Shared Medical Appointment Implementation as a Humanistic Approach to Patient-Centered Experience: A Mixed-Methods Systematic Review

Kim Ha Wadsworth, OMS2; Trevor Archibald, OMS2; Anita Cleary, MLIS; Byron L. Haney, MD; Adam Hoverman, DO, DTMH; Allison Payne, OMS-1

Background: Shared medical appointments (SMA), or group visits, are a health care system design with the potential to improve chronic disease management and preventive care. In this review we sought to better understand opportunities, barriers and limitations to SMAs based on patient experience in the primary care context.

Methods: Librarian-facilitated literature searches were conducted of PubMed, Cochrane Library, PsycINFO, CINAHL, Web of Science, ClinicalTrials.gov, and SSRN for peer-reviewed publications published 1997 or after. We searched grey literature, non-empirical reports, social science publications, and citations from published systematic reviews. The search yielded 1359 papers, including qualitative, quantitative and mixed method studies. Categorization of the extracted data informed a narrative synthesis. A formal meta-analysis was not performed.

Results: Screening and quality assessment yielded 13 quantitative controlled trials, 11 qualitative papers, and two mixed methods studies that met inclusion criteria. Three consistent models were identified: Cooperative Health Care Clinic (five articles), Shared Medical Appointment / Group Visit (10 articles) and Group Prenatal Care / CenteringPregnancy® (11 articles).

Conclusions: The intent of this analysis was to map the landscape and determine the extent of patient-centered experience reported in the general biomedical literature. It is clear that there is no singular model of SMA that best serves all settings. To consider wider shared medical appointment implementation, as well as improvement, a consumer-minded approach may further allow end-user redesign and greater responsiveness to the "voice of the customer" for achieving the most efficacious and effective models possible [1, 2].

Creating Coherent Stories: Humanism in Healthcare, a Qualitative Evidence Synthesis

Martina Kelly, MD; Helen Reid, MD; Deirdre Bennett, MD, PhD; Sarah Yardley, MD; Rachel Ellaway, PhD; Tim Dornan, MD

Background: Whilst ''medicne is the most humane of the sciences''[1], the science of educating for humanism is currently fragmentary. Increasingly qualitative approaches provide in depth understandings of humanistic healthcare, e.g. care, empathy, relationships. Novel methodologies, termed qualitative evidence synthesis, integrate findings across these studies. Assembling study outcomes into a coherent interpretation could help health professionals learn to give patients humane care. Our aim was to identify and critique health related research on humanism through use of qualitative evidence synthesis

Methods: To conduct this qualitative metasynthesis we systematically searched seven databases for publications reporting qualitative evidence syntheses that fit a working definition of humanism. Working in pairs to enhance reflexive rigour, researchers appraised trustworthiness, and extracted information about the epistemologies, conceptual orientations, and findings of informative articles.

Results: We identified 49 articles, published between 1996−2016, mainly from the USA or Scandinavia. Nursing research and studies in childbirth, palliative care, or elderly care predominated. We found that many authors did not make their methodologies explicit and uncritical realist perspectives dominated. There was, also, critical and idealist research. Nurses were more likely to use subjectivity in their research. Lack of methodological clarity made it hard to assemble the findings into a coherent interpretation that could guide policy and practice.

Conclusions: Although humanism is value-laden and subjective, researchers tend to be objective about it. This may be because they are unaware of qualitative methodologies and are not designing their studies critically. We will present examples of how researchers can both be subjective and guide policy and practice, which future researchers could build on.

[1]Pellegrino ED. The most humane of the sciences, the most scientific of the humanities. In: Engelhardt HT, Jotterand F, editors. Pellegrino ED: The Philosophy of Medicine Reborn: A Pellegrino Reader. Notre Dame, IN: University of Notre Dame Press; 2011

Equalizing Voices: Speaking Up the Power Hierarchy in Healthcare

Sara Kim, PhD; Niaike Bochatay; Nital Aooelbaum; Neil Baker, MD; Christina M. Surawicz, MD; Nan Cochran; Nadia Bajwa; Hanna Dasgupta; Dawon Baik; Jay Pal, MD

Evidence shows that healthcare professionals, who are confident in speaking up concerns of others' incompetence and poor teamwork experienced better patient outcomes and higher job satisfaction. Yet, communication breakdowns continue to constitute the major root cause of sentinel events that put patient safety at risk. What makes speaking up challenging in healthcare is the power hierarchy that renders those in lower power positions fearful of raising patient safety concerns. Our study stems from two hypotheses: (1) the role of power hierarchy in speaking up is not extensively addressed; and (2) healthcare professionals' speaking up skills are mainly regarded as verbal skills without recognizing the important role of emotional skills in speaking up. We targeted how power is described in the context of speaking up in the literature and types of interventions that facilitated speaking up motivations and skills. Out of 4,033 articles identified from key databases (e.g., PubMed, CINAHL, Embase, PsychINFO, Web of Science, Business Source Complete), 176 articles were screened, resulting in 44 articles that researchers formally reviewed. The majority of studies addressing the relationship between power hierarchy and speaking up motivations and skills lacked rigorous conceptual frameworks that explained the process through which power manifested in interpersonal dynamics. Studies reporting speaking up interventions

largely focused on verbal skills for escalating concerns, utilizing the Advocacy-Inquiry Model. Future research calls for novel approaches to advancing the knowledge base in how healthcare professionals perceive power distance, leader inclusivity and empowerment – factors that promote psychological safety that is essential for speaking up.

Humanism and the Premedical Realm(s): A Narrative Overview and Preliminary Analysis

Monica Cuddy, MA; Frederic W. Hafferty, PhD; Phillip K. Hafferty, MA; Mark Hanson, MD, MEd, FRCPC; Steven L. Kanter, MD; Dawn Littleton, PhD, MLS; Tina Martiminanakis, PhD; Robin Michaels, PhD; Barret Michalec, PhD

To date, there has been no comprehensive overview of the "conversations" within the premedical literature, and few reviews of the premedical literature specifically pertaining to humanism. Therefore, Part I of this project presents a scoping review of the literature on premedical education and training in North America (U.S. and Canada) from 1910 (Post-Flexner Report) to 2015, and provides a centering examination of this literature as it pertains to humanism and humanistic principles. In doing so, we will provide a scoping review of the premedical realm as a well as a focus on *where* and *how* humanism is featured in premedical conversations.

In Part II of this project, we examine if and how U.S. and Canadian medical schools present their "humanism-ness" to potential applicants through the schools' admissions webpage. This content analysis provides a glimpse into a specific mechanism by which medical schools exhibit their humanism-related qualities, practices, and culture to premedical students.

Part III of this project explores pre-med students' attitudes towards and perceptions of humanism in their premedical curriculum and medical school application-related experiences, as well as their level of interest in how medical schools advertise/showcase their level of "Humanism". Using a small, convenient sample of pre-med students at a mid-sized institution in the mid-Atlantic region of the US, this pilot, survey-based study explores what qualities/attributes medical school applicants look for in a future medical school, and if the presence of humanism is a quality students pay special attention to.

The Impact of Interpersonal Factors on Cross-Cultural Organ Donation Requests: A Literature Review

Margot Phillips, MD; Tess Lauricella, BA; Aine Lorié, PhD; Arabella Simpkin, MD, MMSc; Helen Riess, MD

With an MTL grant from 2013-2015, our team completed a literature review of cultural aspects of nonverbal empathy that has been accepted for publication in *Patient Education and Counseling: "*Culture and Nonverbal Expressions of Empathy in Clinical Settings: a Systematic Review."[i]

Our current project was sparked when our group was contacted by the Director of Organ Donation at Massachusetts General Hospital to help clinicians optimize their approach to families when introducing organ donation. Therefore, in this new grant cycle, we built on our previous review and focused on organ donation in cross-cultural encounters.

Given the increasingly diverse populations of hospital staff and their patients, organ donation conversations are likely to be culturally discordant. While there is a robust literature on many cultural groups' attitudes about organ donation, there is a marked gap on the interpersonal aspects of the organ donation request process.

We searched MEDLINE from 1990 through January 2016, yielding 1,484 citations. Six articles met our inclusion criteria. Four areas of interpersonal factors impacting rates of consent or family satisfaction were identified: (1) demographic variables; (2) family decision-making variables

(knowledge of donor wishes, consensus, hierarchy); (3) variables in approach (time of day, duration, number of items discussed); and (4) communication behaviors of clinicians and organ procurement coordinators (communication style such as affiliation, information-sharing, perception of family willingness to donate, and family trust).

We hope that this review brings to light modifiable interpersonal clinician behaviors that optimize a humanistic exchange while improving rates of life-saving organ donations.

Responding to Emotion with GIVES: An Evidence-based Model to Build Trust, Alignment, and Promote Value-based Decisions in Critical Conversations
Laura Rock, MD; Rebecca Minehart, MD, MDHPEd; Julia Whelan, MS, AHIP; Robert Arnold, MD; Helen Riess, MD; Jenny Rudolph, PhD

Background: Emotion has profound effects on the process and outcome of critical conversations, yet providers often fail to recognize and address emotions, leading to diminished trust and communication. With explicit training, clinicians can recognize, name and validate emotions, align care plans with patient values, deepen relationships, and make clinically sound decisions.

Methods: We identified studies from a wide variety of fields including neuroscience, psychology, palliative care, intensive care and patient communication by searching five databases to identify 2700 citations. Due to heterogeneity, systematic review was not possible. In this scoping review we present evidence extracted and explored by topic.

Results: Emotion regulation has profound effects on cognition, physiology, comprehension, and decision making. Clinicians often use maladaptive responses such as emotional suppression. Instead, facilitating reappraisal and naming emotions improve cognition and diminish negative affect. Recognizing and responding to emotion effectively can be learned and leads to improved understanding of values, both for patients and clinicians.

Conclusions: We propose a model, *GIVES,* for efficient, empathic responses to emotion.

> G: Give space/time
> I: Identify emotions
> V: Validate emotions
> E: Explore emotions to understand values
> S: Support and align

Rather than casting emotions as impediments to decision making that must be minimized, this model uses emotion as the gateway to deeper, more meaningful conversations.

Teaching the Humanity of Evidence-Based Medicine: Informed by the Literature, Guided by the Physician, Framed by the Patient
Andrew M. Vosko, PhD; Brian D. Schwartz, MLIS; Nicole Michels, PhD

Background: Evidence-based medicine (EBM), far from detached, dispassionate, and adherent to the literature as it is often portrayed, is a necessarily humanistic pursuit, situated at the confluence of clinical expertise, patient values, and published research. Educating students in evidence-based standards means teaching them to locate the best available information and leverage their own burgeoning expertise, without losing sight of the patient as the center of the medical experience.

Methods: We investigated the degree to which publications of EBM teaching include patient or physician-centered components of EBM using a triad of literature research techniques: keyword searching in PUBMED, citation analysis of findings, and tailored searching within certain high impact journals. We included articles, which were original rather than reviews that reflect implemented, curricular educational experience, and evaluated them according to QUESTS and Kirkpatrick Models to gauge effectiveness and outcomes

Results: The search and subsequent entrance criteria yielded a data set of EBM teaching experiences that combined multiple components and satisfied the other entrance criteria. The interpretation generated by the validated models led to the conclusion that the learning exercises for students vary in their effectiveness and deviate to some degree in modalities within each assessment model.

Conclusions: The major conclusions reached are (1) EBM education is often lacking in medical education, as evidence by the qualifying data set; (2) inclusion of the principles of EBM can impact behavior; and (3) sessions would benefit from explicit student outcomes of both short- and long-term goals.

What is the Impact of Reflection as a Teaching Tool in Graduate Medical Education? Examining the Evidence

Abigail Ford Winkel, MD; Sandra Yingling, PhD; Aubrie Ann Jones, MFA, MS;
Joey Nicholson, MLIS, MPH

Objectives: Graduate medical education programs employ reflection to advance a range of outcomes for physicians-in-training. However, the most effective applications of this tool have not been elucidated. A systematic review of the literature examined all postgraduate training interventions reporting use of reflection.

*Data Sources***:** Searches in PubMed/MEDLINE, Embase, Cochrane, and ERIC through June, 2015 yielded 1308 citations, with 16 studies meeting eligibility criteria.

Participants and Interventions: Studies of reflection as a teaching tool to develop trainees' capacities were included.

Eligibility Criteria: The search combined relevant keywords and subject headings for the concepts of: reflection/narrative AND residents/GME AND education/teaching/learning. No language or date limits were applied to the search.

Study Appraisal: Study quality was assessed using the Critical Appraisal Skills Program Qualitative Research Checklist.

Synthesis Methods: Thematic analysis of 16 articles was conducted, representing 477 resident and fellow level learners.

Results: The studies presented ways in which reflection impacts empathy, comfort with learning in complex situations, and engagement in the learning process. Reflection increased learning of complex subjects and deepened professional values. Reflection appears to be an effective tool for improving attitudes and comfort when exploring difficult material.

Limitations: Most studies were confined to small samples, included volunteer participants, and did not measure behavioral outcomes.

Conclusions: The authentic learning environment of graduate medical education creates opportunities for critical reflection that can amplify learning. Research is needed to understand the way this teaching tool can influence growth in professional capacities and patient-level outcomes in a way that can be measured.

2015 – 2017 ADVOCACY & DISCOVERY ABSTRACTS

Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age

Lolita Alkureishi, MD, FAAP; Wei Wei Lee, MD, MPH; Alison Tothy, MD; Michael Banks, MD; Mary Kay Czerwiec, RN, MA

Background: Our review found while there are positive behaviors that can enrich patient-doctor-EMR communication, few providers receive training to optimize patient-centered communication. Similarly, there are no patient advocacy tools to help encourage patients to become involved with their EMR during doctor visits.

What issue does your Discovery or Advocacy Project address and why is it important? Using these findings, we developed resources to improve physician training on patient-centered EMR use and increase patient awareness and promote involvement in use of the EMR during care. Provider resources include a video and a comic highlighting best practices of patient-centered EMR use. We are leveraging our team to disseminate the video at Doctor's Channel and possibly Doc.com and will evaluate our dissemination reach. We are also going to study the impact of the comic on provider self-perceived ability to employ best practices in the clinic setting.

We recognize how essential it is to give voice to the patient experience, and developed a video highlighting patient experiences with regard to their provider's EMR use. We will look to feature this on Doctor's Channel and Doc.com as well. We will include our patient comic in our study, and will evaluate the impact of dissemination of the comic to parents in increasing feelings of empowerment and engagement with the EMR, as well as to help determine from the patient perspective (not just the provider's) what the impact of the provider comic had on the provider's behaviors.

We hope to use our findings to help inform further modification and development of both provider and patient advocacy resources.

What questions do you have for the MTL community? Any thoughts for additional sites of dissemination? Either for the patient and provider comics, or for the videos?

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Alkureishi MA, Lee WW, Lyons M, Press VG, Imam S, Nkansah-Amankra A, Werner D, Arora VM. Impact of Electronic Medical Record Use on the Patient-Doctor Relationship and Communication: A Systematic Review. J Gen Intern Med. 2016 May;31(5):548-60.

Activate For Inquiry: A Model for Creating and Sustaining a Culture of Speaking Up

Sara Kim, PhD; Jennifer Best, MD; Ross Ehrmantraut, RN; Stephanie J. Schulz; Christina M. Surawicz, MD; Christian Cote; Kelly Edwards, PhD; Chuck Sloane, JD

Speaking up is essential for patient care and medical education and is encouraged within medical systems, yet the decision of an individual to speak up or not is complex. A speaking up episode occurs in an entrenched and complex power hierarchy and carries high potential for personal and professional impact. The literature suggests that barriers to speaking up involve multiple levels of concerns: concern for self (i.e. I don't want to be humiliated), concern for others (i.e., I don't want to embarrass my attending), concern for context (i.e., maybe the patient isn't that sick) and concern for content (i.e. I may not have complete information). We hypothesize that few of these internal barriers are sufficiently addressed by existing curricula, such as TeamSTEPPS, that focus

exclusively on verbal tools. With Arnold P. Gold Foundation funding, our team has developed a novel pilot curriculum, which acknowledges the complexity of the speaking up moment. Our FIRST Speaking Up Curriculum explores the following key dimensions: (1) participants' inner barriers related to identity expectations; (2) cognitive distortions associated with speaking up, (3) speaking up landscape that involves the professional environment; (4) dialogue skills from the perspective of speaker and recipient; and (5) resilience strategies. As of today, we have delivered the curriculum to 120 nursing staff members and residents (plastic, medicine) via 2-3 hour long workshops that included didactic, reflections, group discussions and interactive exercises. Participants rated the workshop highly based on the likelihood of their recommendation of the workshop to others.

Mindfulness Interventions for Family Caregivers of Patients in Home Hospice

Jennifer Tjia, MD, MSC; Sr. Pat Foley, RN, BSN; Rev. John Pastor; Emily Pattee, MSW; Jane Givens, MD, MSCE

Brief background: The Gold Foundation Literature Review supported a meta-analysis reporting stress reduction benefits from meditation for informal caregivers.[1] We found that meditation provides a stress reduction benefit, but that effects on other outcomes including bereavement are unstudied.

What issue does your Discovery Project address and why is it important? We found no meditation studies targeting caregivers of hospice patients, who are at risk for burnout, caregiver burden, and abnormal bereavement. While hospice caregivers may benefit from mindfulness interventions, it remains unclear how to design a feasible and effective intervention for this population.

Brief Description of Project, Methods, and Initial Findings: This Discovery Project surveyed actively enrolled and bereaved hospice family caregivers to assess interest in and constraints of participating in MBSR. We found that actively enrolled hospice family caregivers do not answer surveys, but bereaved family caregivers do. We mailed 280 interest letters to bereaved family caregivers and received 25 indicating interest in MBSR; these participants were sent surveys, of which 8 have been returned to date. At least 1 bereaved caregiver indicated that MBSR would have been helpful during the active hospice caregiving. None of the 80 interest letters sent to active family caregivers were returned.

How do you anticipate that your project might ultimately effect change in humanistic teaching or practice? We anticipate that our project will facilitate MBSR's role as a support tool for *bereaved* hospice caregivers after their love one has died. Once in place, we anticipate that the hospice MBSR availability may lead to its use by *active* hospice caregivers.

Next Steps: We are enrolling bereaved family caregivers in in-person and online MBSR courses. We anticipate completion of a 10-week MBSR program for 8 bereaved hospice caregivers by mid-2017.

Questions for the MTL community: What is the best use of limited yield data for traditional scientific grant mechanisms?

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Abstracts

A Qualitative Study of Preferred Institutional Approaches to Control of Work-Home Interference for Physicians

Colin P. West, MD, PhD; Lotte N. Dyrbye, MD, MHPE; Adam P. Sawatsky, MD, MD; Fred W. Hafferty, PhD; Tait D. Shanafelt, MD

Prior work has identified work-home interference as one key driver of physician well-being and satisfaction. Our central research question was to ask physicians which specific approaches their employer/institution are offering or could offer to most effectively reduce work-home interference.

To address this question, we applied qualitative methodology according to a grounded theory approach, first organizing focus groups of Mayo Clinic practicing physicians to explore their perspectives on work-home interference and current or potential interventions. We conducted 7 focus groups with 8-11 physicians per group and representation from both sexes, all medical disciplines, and all career stages (64 participants in total). Focus groups were moderated by a specialist from Mayo Clinic's qualitative research community, and followed a focus group guide developed by the study team. Theoretical saturation was assessed through ongoing review of focus group transcriptions, and analysis using NVivo is underway. Member checking to ensure adequate coverage of concepts and categories will occur upon completion of the initial thematic analysis.

Preliminary identified themes for preferred approaches include:

1. Schedule flexibility, both for unscheduled life events and for predictable conflicts.
2. Local rather than central schedule management.
3. Accommodations in leadership roles and development for life outside of work.
4. Blocked time for non-visit care and professional tasks/development.
5. Support for tasks physicians don't need to do, both work-related and personal.

Abstracts

2016 – 2018 LITERATURE REVIEW ABSTRACTS

Social Medicine & Health Advocacy Training in Graduate Medical Education: Defining learning domains towards developing core competencies

Gaurab Basu, MD, MPH; David Lee Osterbur, MS, PhD, MLS; Danny McCormick, MD, MPH

Our literature review attempts to find all pieces of scholarship done on medical education in topics of social medicine and health advocacy. Once we have captured these articles, we will develop a system of categorizing them. How many actually describe the structure of the curriculum? How many describe measureable outcomes of interest and competencies? How many are based in the US versus Canada which has a much more robust competency framework for health advocacy. This is a very important step to the development of this curriculum because it provides an assessment of the state of the scholarship. We believe there is a connection between this curriculum and sustaining empathy and compassion in medicine.

We are conducting a scoping review. We will search PubMed, EMBASE, Web of Science, ERIC, Education Abstracts, PsycINFO and PsycArticles to recover articles that discuss health advocacy. These articles will be used to extract indexing terms, keywords and synonyms to find common terms across all of the databases. These terms will then be used to search each of the databases again with carefully constructed searches.

The next steps are to in detail catalogue the kinds of medical education journal articles and make an assessment of what that means about the state of scholarship on social medicine and health advocacy curricula. This helps us define next steps in regards to what we recommend the field needs to work towards educational competencies and outcomes of interest.

Would appreciate the MTL's commentary on our approach thus far in attempting to capture the state of the literature.

Interventions to Prevent Burnout among Undergraduate and Graduate Medical Education Trainees

Margaret S. Chisolm, MD; Neda F. Gould, PhD; Susan Lehmann, MD; Anne Leonpacher, MD; Taylor E. Purvis, BA; Susan J. Stagno, MD; Maria Truskey, MLIS; Jeffrey Zabinski, MD

Physician burnout adversely impacts the teaching and practice of humanistic healthcare. A previous MTL review examined interventions to *reduce physician* burnout. [1] Our review examines interventions to *prevent medical trainee* burnout. We reviewed 1967 abstracts using the free software application abstrackr.[2] *This tool expedited the abstract review step and we would recommend its use to future review teams.* By independent duplicate agreement, 289 abstracts advanced to full-text review stage and are currently being reviewed using Google Forms softwar. Next steps include data extraction and independent duplicate quality assessment using the Medical Education Research Study Quality Instrument.[3] Understanding which interventions are effective at preventing burnout among medical trainees will inform both the teaching and practice of humanistic healthcare, as well as identify important areas for further study.

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Teaching Humanism Through the Care of the Homeless

Maureen Clark, MHS, MLIS; Evelyn Figueroa, MD; Keia Hobbs, MD; Michael Jendusa, MD; Meha Patel, MD

Background/Purpose: Homelessness is a global human rights issue, one which is, unfortunately, intimately familiar to Chicagoans. 1 in 22 Chicagoans experienced homelessness in 2014 (125,848), including over 20,000 children. A chronically homeless adult is at 3 to 4 times the risk of mortality as the average American[1,2] and has unique, complex medical, psychiatric, nutritional, educational and social needs.[3] Clinicians serving such vulnerable patients require professional formation that prepares them to provide deeply humanistic care.

To the authors' knowledge, there are no published comprehensive reviews of the health professions educational literature addressing humanism and professionalism in teaching and learning homeless care. Our literature review team aims to conduct a scoping review to systematically and rigorously map electronically published, peer-reviewed literature for health professional training focused on caring for the homeless and addressing concepts related to the inculcation of humanism and professionalism in learners and empowerment in patients.

Methods: Comprehensive searches of MEDLINE, CINAHL, Embase, Web of Science, ERIC, PsycInfo, Scopus, and EBSCOhost's Professional Development Collection, and targeted searches of Google Scholar are being conducted by the research team. A search string was composed of dozens of words related to homelessness, health care training, and humanism. Lists of inclusion/exclusion criteria were created to select articles that involved three concept domains: health professional education, health care for the homeless, and values related to humanism and professionalism. Data extraction utilized the "I.E.CARES" framework.[4]

Results: The initial search string resulted in 322 articles from over 10 databases using words related to homelessness, humanism, and health care. The abstracts were selected for those pertaining to health professions education, homelessness, and humanism. 101 articles remained after those procedures and these articles were assigned to the reviewers. The articles will be reviewed twice to control for inter-rater variability.

Although the review is still underway, approximately only 5% of the articles appear to meet inclusion criteria.

Conclusions: There is a paucity of completed health professions education research relating to the development of humanism through the care of the homeless. Our search string will be expanded to include other terms discovered from our initial review in the hopes of discovering more competed articles for inclusion.

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How Do Educational Interventions Related to Stigma Impact the Healthcare of Trans Patients? A Literature Review Study

Laura E. Hirshfield, PhD; Kelly Underman, PhD; Danielle Giffort, PhD; Maureen Clark, MHS, MLIS, LCPC, CADC

Trans patients experience worse healthcare outcomes and greater stigma than those who are not trans.[1–4] However, though previous scholarship has demonstrated that stigma impacts those with stigmatized medical conditions, like HIV/AIDS and mental health,[5–7] fewer studies have explored educational interventions related to stigmatized individuals. For example, one study investigated educational interventions for mental health, most of which promote humanistic medicine,[8] noting that similar interventions may be effective for other stigmatized conditions. Our work builds on this idea, asking whether similar strategies might also improve treatment of stigmatized populations, such as trans people. Using a scoping review, we have begun to search for relevant studies about stigma and trans patients pertaining to health education. Thus far, we have faced two challenges in this process: 1) terms used to describe trans patients vary significantly and 2) "stigma" is difficult to describe and identify. Nevertheless, we continue to sort through relevant literature and are excited to learn more about how stigma may be used to teach about stigmatized individuals. We hope to find examples of previously vetted teaching methods that may help reduce healthcare inequalities.

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Abstracts

A Comparison of Physician, Patient and Caregiver Written Reflective Narratives of Illness and Care Experiences: A Scoping Review

Tracy Moniz, MA, PhD; John Costella, MSc, DDS, MLIS; Chris Watling, MD, MMEd, PhD, FRCP(C); Lorelei Lingard, MA, PhD

There is a gap between patient and caregiver stories and the stories that physicians tell of their respective illness and care experiences. This gap matters because it interferes with compassionate and empathetic patient care, both of which rely on achieving a shared understanding of illness and its meaning. Still, we continue to lack rich comparative insight into the perspectives of these groups.

One potential source of such insight is reflective writing, which is increasingly common among physicians, patients and (family) caregivers and uniquely positioned to reveal matters of concern to these groups. To understand what is currently known about the intersections and disconnects among physician, patient and caregiver narratives of illness and care experiences, we conduct a traditional scoping review (Arksey and O'Malley 2005) of articles that take a comparative analytical approach to examining reflective writings by these groups.

A search strategy involving ABI Inform/Global Research, Canadian Electronic Library, CINAHL, Cochrane Library, Embase, MEDLINE, PILOTS, PsycInfo, and Web of Science Core Collection rendered 5,217 citations. Two authors independently screened each title and abstract and, of these, 82 met the inclusion criteria. Full-text screening is ongoing, along with preliminary (descriptive) data charting and hand-searching bibliographies of relevant articles. We will chart data using the descriptive-analytical method. Analysis, synthesis and reporting will follow to present a narrative overview of the material reviewed and to identify gaps that will inform future research. Exploring the intersections and divergences between physician, patient and caregiver narratives promises to deepen our understanding of ways to advance humanism in healthcare.

Looking for a Conversation in Shared Decision Making

Marleen Kunneman, PhD; Gabriela Spencer-Bonilla, BA; Fania R. Gärtner, PhD; Pat Erwin, MLS; Victor M. Montori, MD, MSc

How often and how well do evaluations of the occurrence of shared decision making (SDM) determine their impact on the manner in which patients and clinicians engaged in conversation?

This study consists of two parts:
1. Extract items from SDM-measures that measure humanistic concepts.
2. Conduct a systematic review of the literature and of study protocols (Clinicaltrials.gov) that use SDM-measures, to determine the extent to which outcome measures include assessments of humanistic concepts.

Our review can uncover gaps in the extent to which SDM as it exists is a manifestation of care or simply a technical procedure. Lack of coverage of humanistic concepts may challenge the field of SDM to determine its purpose, as a clinical procedure or as an effort to provide careful and kind care.

We have identified 35 SDM-measures and started extracting items. We have learned that the relation between SDM and humanism is rarely made or clearly defined. Instead of directly searching for literature on SDM and humanistic outcomes, we now have adopted an indirect approach by exclusion, where we search for what is measured and highlight when this fails to cover humanistic concepts.

Our next steps are to further refine our search for SDM-studies using existing SDM-measures, examine the items used to assess SDM in routine care to determine coverage of humanistic concepts, and extract which outcomes are commonly related to SDM-measures.

Question: Are there definitions/measures of humanistic concepts that we must include in this review that you think should be determined alongside procedural SDM-measures?

The Impact of Digital Storytelling on Patients and Health Professionals: A Systematic Review

Katherine A. Moreau, PhD; Kaylee Eady, PhD; Tanya Horsley, PhD; Catherine M. Pound, MD; Margaret Sampson, PhD

Background: Digital storytelling in healthcare and health professions education (HPE) is increasing. It often uses music and animation to preserve emotions and promote humanism. With this review, we are interested in the use and impact of digital storytelling in healthcare and HPE.

Aim: To answer the following research questions: (1) In what contexts and for what purposes is digital storytelling used in healthcare and HPE? (2) What impact does digital storytelling have on the learning and behaviours of health professionals as well as patient and organizational outcomes? (3) What are the implications of these findings for the teaching and practice of humanistic healthcare as well as ongoing research in this area?

Methods: We are conducting the review according to PRISMA and have registered it with PROSPERO. A librarian iteratively developed the search strategies with us. We independently reviewed the titles/abstracts for potential eligibility and read selected full texts to confirm eligibility.

Results: We reviewed 1486 unique titles/abstracts for inclusion, of which 153 were eligible for full review. We retrieved 138 articles and are trying to retrieve the 15 missing articles. Presently, we have determined that 53 articles are suitable for data extraction. Preliminary findings show that digital storytelling positively influences various patient outcomes in healthcare but that there are few published studies in HPE.

Next Steps and Question: To complete data extraction and synthesis, as well as develop the manuscript. We question how we can effectively synthesize and present the results given the eclectic nature of the studies found.

The Use and Efficacy of Comics in Healthcare: A Scoping Review in Graphic Medicine

Matthew N. Noe, MSLS; Suzana K.E. Makowski, MD, MMM; Len Levin, MA LIS, MA

Background: Graphic medicine is defined as the "interaction between the medium of comics and the discourse of healthcare". We seek to understand the ways in which comics are currently being employed in healthcare settings and what effects, if any, these practices have on physicians, patients, and their experiences and health outcomes.

Methods: Our scoping review is following the six-stage methodology laid out by Arksey and O'Malley (2005) in order to map the field – an appropriate methodology, as graphic medicine is a relatively new field that thus far lacks clear boundaries. We built, tested, and conducted searches in six databases: (1) PubMed, (2) CINAHL, (3) SCOPUS, (4) ERIC, (5) Web of Science (Core), and (6) Google Scholar.

Preliminary Findings: Search results netted 5,097 unique citations, which highlights a clear problem with current indexing of comics in medical databases, as at least 80% of the citations were in fact NOT comics at all. In-depth screening and analysis of relevant results is ongoing.

Potential Impact: Graphic medicine shows potential as a tool in medical and patient education and may help bridge the health literacy gap.

Next Steps: Our next steps include synthesis of relevant studies and ongoing hand-searching for results outside of typical scholarly publications.

Questions for the MTL Community: How might you make use of comics in your practice and/or praxis?

Engagement in Residency: A Systematic, Meta-narrative Literature Review

Susan M. Orrange, PhD; Roseanne C. Berger, M; Nell Aronoff, MLS; Gregory S. Cherr, MD; Daniel Sheehan, MD, PhD

Issue & Importance: This meta-narrative review examines how elements of engagement are portrayed within the context of higher education, psychology, business, and medical education literature. It will explore relationships to resident learning, patient care, and humanistic professional development. Engagement with difficult challenges at work has been recognized as a key to enhancing quality of care and compassion among physicians.

Method: A meta-narrative review methodology will be used to provide a narrative summary that highlights contrasting and complementary ways researchers have studied similar topics, ultimately highlighting lessons, theories, methods, instruments and characteristics that may translate from one research tradition to another.

Possible Changes in Humanistic Teaching or Practice from Literature Review: Findings from this review can aid in expanding the understanding of resident engagement beyond simply that of involvement and participation. The findings can suggest new ways of engaging residents in their education and humanistic development, and catalyze further research.

Patient Engagement in Health Professions Education: A Meta-Narrative Review
Paula Rowland, PhD; Melanie Anderson, MLIS; Arno Kumagai, MD; Sylvia Langlois, MSc; Sarah McMillan, MA

Patient engagement (PE) in health professions education (HPE) is one strategy to create educational experiences that are more humanistic. The intent is to nurture future healthcare professionals to become compassionate care providers. While there is a clear imperative to engage in PE in HPE, best practices and strategies of evaluation are less established. This runs the risk of PE in HPE not meeting its full potential and thereby losing momentum for learners, patients, and educators. We have proposed a meta-narrative review as a way to make sense of disparate literature and to provide pragmatic advice to the HPE field. To date, we have experienced the challenges of doing this search in a traditional way: the term patient engagement is loosely defined and imprecise, the literature is dispersed across multiple databases, and there are apparent silos between various traditions. What is interesting are the different ways in which patients are constructed across the literature (e.g. as case studies, as mobilized political citizens, as narratives, as sites of pedagogical tension). There is also an interesting link to the creation of various institutions, including recent trends towards patient advocacy groups but also long-standing instantiations such as the teaching hospital itself. We have submitted a manuscript for publication, offering an essay on our reflections of the dilemmas of patient representation in HPE. Our next steps are to further abstract information from the archive of texts (n=215 from our initial search and screening), continue to iteratively build the archive, and to engage in deeper analysis.

Recognizing and Describing the Actions of Health Professionals and Organizations Associated with Emotional, Psychological and Socio-Behavioral Harm to Patients and Families: a Scoping Review
Lauge Sokol-Hessner, MD; Catherine L. Annas, JD; Sigall Bell, MD; Margo Coletti, AMLS; Barbara Sarnoff Lee, LICSW; Eric Thomas, MD, MPH; Patricia Folcarelli, RN, PhD

Despite earnest efforts by health care professionals and many health care experiences that go well, patients and their families still suffer harms from interactions with the health care system. Harms can be emotional, psychological, social, financial or physical, yet to date, institutional efforts to reduce harm have focused primarily on physical harms. Recent work suggests that the "non-physical" forms of harm are prevalent and important, and that framing them using the concepts of respect and dignity provides an ethical rationale for why they should be incorporated into organizational harm prevention programs. Developing such programs will require being able to identify such harms and communicate about them in specific terms.

We are conducting a literature review to help healthcare organizations recognize and describe the as-of-yet inadequately characterized "non-physical" harms experienced by patients and families. After developing a taxonomy of the actions and consequences that constitute these harm events, we plan to apply it to a set of actual cases to test for fit, and draw connections to the larger concepts of respect and dignity. Given the broad and novel nature of our research question, we have chosen to conduct a scoping literature review to map and summarize the existing literature, and to identify gaps that might benefit from future research.

We are finding that the issue is complex, crosses multiple literature sources in many different professional domains, and encompasses very broad search terms. We are working to further focus our research question and search strategy.

The Professional and Personal Lives of Residents and Fellows: How does parenthood affect the trainee work environment?

Shobha W Stack, MD, PhD; Andrea Ball, MLS, MSIM; Somnath Mookherjee, MD; Katrin Eurich, MD; Paula Colon, MD; Jennifer Best, MD

Introduction: In 1983, a national survey found that nearly 50% of children born to practicing women physicians were born during residency training. Since that time, several studies have described the stress of pregnancy on the trainee and perceptions by her colleagues. Notably, one study described pregnancy as having a humanizing effect on the resident work environment.

Over the years since these initial studies, there has been a substantial increase in the percentage of women in graduate medical education (GME), as well as the average age of a resident. With these demographic shifts, it is important to better characterize the current learning environment with respect to the intersection of humanism and parenthood during medical training.

Methods: Given the variation of studies, editorials, and narratives, we used a scoping review to examine the conceptual boundaries of the literature. We systematically searched PubMed/MEDLINE, Embase, Scopus, and Web of Science using a combination of keywords reflecting GME and parenthood. We excluded studies not including United States GME or occurring before 1997. We performed a calibration exercise to ensure selection reliability.

Results: 2136 articles were screened by title and abstract, yielding 96 articles for full text review.

Next Steps: References will be vetted by experts in the field to ensure completeness prior to hand sorting and data extraction. The data abstraction form will be tested with ten articles and revised as needed.

By scoping the literature, we will assess whether current GME parenthood practices cultivate humanism by preserving trainee wellbeing during this vulnerable time of professional and personal life.

Humanism and Simulated Patients: What can we Measure and is there Evidence that Skills Transfer beyond the Measurement Moment?

Karen Szauter, MD; Mark Holden, MD; Era Buck, PhD; Majka Woods, PhD; Jan Joost Rethans, MD, PhD

Simulation is a widely used educational methodology in the healthcare setting. Encounters with simulated/standardized patients (SPs) are well-recognized as opportunities for learners to develop and receive feedback on interpersonal skills in their roles as healthcare providers. The unique role of SPs allows a valuable feedback perspective for learners. This literature review is focused on studies that include encounters during which SPs rate learners' humanism (or humanism constructs such as empathy, rapport, and compassion) and specifically seeks to ask (1) which humanism constructs can be measured by SPs and (2) do measurements by SPs align with other measures of similar constructs.

Methods: The English language literature from 1996-2015 serves as the foundation for our work. We are including a variety of healthcare disciplines (medicine, nursing, dentistry, allied health professionals) and learners at both the undergraduate and graduate level of training. An initial search of the literature (MEDLINE and CINAHL) produced 1473 titles, of which 1018 included SP methodology. After review of the abstracts, 412 full papers were read, and 121 articles have met initial inclusion criteria for this work.

Observations: Two investigators are reviewing each article, focusing on the humanism construct highlighted and measurement tool used. Only a limited number of studies compare ratings obtained from SPs with ratings obtained from other perspectives, obtained either concurrently or at other

points in time. Given the need for multiple perspectives in the assessment of humanism, we hope to highlight the potential contributions possible from SP encounters.

Investigating Professional Identity Formation across Professions to Inform Medical Education: A Scoping Review and Metasynthesis

Rebecca Volpe, PhD; Margaret Hopkins, MEd; Dan Wolpaw, MD; Paul Haidet, MD; Nancy Adams, MLIS, EdD

The seminal 2010 Carnegie Foundation report, *Educating Physicians: A Call for Reform of Medical Schools and Residency*, states "professional identity formation…should be the backbone of medical education." Using a scoping review plus meta-synthesis, we are examining empirical studies of professional identity formation (PIF) across multiple professions with the goal of developing an evidence based conceptual framework that can inform future research and curricular development in medical education. Our review and synthesis is guided by two research questions: (1) how do diverse professions conceptualize, operationalize, and assess PIF in their educational programs? And (2) are there unifying or complementary concepts of PIF that can guide curricular development and outcomes evaluation in medical education?

We performed an initial search in the interdisciplinary database Web of Science. Of the 3,642 results, 376 abstracts were identified for inclusion (10%).

1. We have been surprised and intrigued by the difficulty of norming around an operational definition of professional identity formation as distinct from socialization and professionalism.
2. We have found that the constructs overlap, which complicates decisions about inclusion/exclusion. We are also struggling with an operational definition of a 'profession.'
3. Should we exclude, for example, the three results on dental hygiene students? The article about police cadets, or the article about hair stylists?

Our next steps involve continuing to do the initial screen of titles and abstracts for databases other than Web of Science. We are also starting on Stage 2 screening for the Web of Science results, which involves reviewing the full text articles of the 376 included abstracts.

Abstracts

2016 – 2018 ADVOCACY & DISCOVERY ABSTRACTS

Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age

Lolita Alkureishi, MD; Wei Wei Lee, MD, MPH; Alison Tothy, MD; Michael Banks, MD; Mary Kay Czerwiec, RN MA

Background: Our review found while there are positive behaviors that can enrich patient-doctor-EMR communication, few providers receive training to optimize patient-centered communication. Similarly, there are no patient advocacy tools to help encourage patients to become involved with their EMR during doctor visits.

What issue does your Discovery or Advocacy Project address and why is it important? Using these findings, we developed resources to improve physician training on patient-centered EMR use and increase patient awareness and promote involvement in use of the EMR during their care. Provider resources include a video and comic highlighting best practices of patient-centered EMR use. We are leveraging our team to disseminate the video at Doctor's Channel and possibly Doc.com and will evaluate our dissemination reach. We are also going to study the impact of the comic on provider self-perceived ability to employ best practices in the clinic setting.

We recognize how essential it is to give voice to the patient experience, and developed a video highlighting patient experiences with regard to their providers EMR use. We will look to feature this on Doctor's Channel and Doc.com as well. We will include our patient comic in our study, and will evaluate the impact of dissemination of the comic to parents in increasing feelings of empowerment and engagement with the EMR, as well as to help determine from the patient perspective (not just the provider's) what the impact of the provider comic had on the provider's behaviors.

We hope to use our findings to help inform further modification and development of both provider and patient advocacy resources.

What questions do you have for the MTL community? Any thoughts for additional sites of dissemination? Either for the patient and provider comics, or for the videos?

Alkureishi MA, Lee WW, Lyons M, Press VG, Imam S, Nkansah-Amankra A, Werner D, Arora VM. Impact of Electronic Medical Record Use on the Patient-Doctor Relationship and Communication: A Systematic Review. J Gen Intern Med. 2016 May;31(5):548-60.

Longitudinal Assessment of Humanism in Medical Students: Do We Know it When We See It?

Era Buck, PhD; Mark Holden, MD; Karen Szauter, MD

Background: A recent review of the assessment practices[1] related to humanism in medical students identified self-report in cross sectional studies as the primary assessment strategy utilized in the medical education literature. The authors called for future research to include a longitudinal approach and methods including external assessment of humanism. The use of simulated (standardized) patients (SPs) with medical students is routine in medical education and encounters between students and SPs have been used to measure empathy.[2,3,4] This literature is primarily cross sectional. There is a need for longitudinal investigations to examine the development of the broader constructs of humanism across the 4 years of medical training.

Central research question:
    a) Which humanism constructs can be assessed utilizing video-taped encounters of student-SP interactions during existing SP-based clinical performance exams?
    b) What trends in the development of humanism can be detected by assessing video-taped encounters of student-SP interactions during each of the 4 years of training?
        a. Are there observable differences between students in the core curriculum compared with those participating in tracks supportive of humanistic care?

Methods: This investigation utilizes coding of archived video-taped encounters occurring as part of clinical performance experiences in each of the four years of our curriculum. This represents a first step toward incorporating assessment of humanism into medical education; methods must be integrated with existing processes rather than as stand alone assessments.

Question for MTL Community: When considering humanism displayed within an encounter, how would you distinguish style from substance? e.g., what does an observer 'see' that is emblematic of humanism; how do you observe 'caring'?

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*Research on Professionalism: What Do We Know? What Do We Need to Know?

Rich Frankel, PhD; Fred Hafferty, PhD; Bud Isaacson, MD; Adina Kalet, MD; Deborah Ziring, MD

The Problem: There is a belief that research on professionalism is dying on the vine, possibly due to a lack of funding. Most studies of professionalism have small non-random samples from one or several institutions. Nevertheless, the field has evolved conceptually moving from a focus on the individual to microsystems and most recently entire organizations. Along that evolutionary trajectory, there has also been movement from a traditional view of professionalism arising from timeless ethical principles, to a more contextually based view of being and becoming a physician through a lifelong process of professional identity formation.

Our Project: We are engaged in a librarian-supported review of research on professionalism (1951−2016) to identify current strengths and gaps. In collaboration with the American Board of Internal Medicine Foundation we will host a "consultation" meeting with a group of experts N=35-40 who will provide feedback on our preliminary results and identify opportunities for meaningful collaborations and opportunities to generate funding. We will publish our results in the form of a white paper.

Results to Date: Our initial search strategy was intentionally restrictive, ruling in only those citations with the word "professionalism" or some variations of the phrase "professional formation" in the title or abstract. This yielded 4,988 unfiltered citations. We then decided to limit ourselves to 100 of the top journals from the Abridged Index Medicus (AIM), which yielded 877 citations. Using "professionalism research" as our primary search term, the number of citations for analysis was reduced to 340. Preliminary results will be reviewed by the consultation group, revised, and presented at the MTL conference in May.

*This project is jointly sponsored by the ABIM Foundation

Best Practices for Approaching Families about Organ Donation: an Evidence-Based Toolkit for Clinicians
Margot Phillips, MD; Tess Lauricella, BA; Aine Lorié, PhD; Arabella Simpkin, MD, MMSc; Helen Riess, MD

The Empathy and Relational Sciences Program at MGH received an MTL grant (2015-2017) to examine cross-cultural communication in the organ donation consent process. We have completed a manuscript, "The Impact of Interpersonal Factors on Cross-Cultural Organ Donation Requests—A Literature Review" and we will be submitting for publication shortly.

Our literature review on cross-cultural organ donation revealed a dearth of information about how to optimally approach bereaved families in general. Therefore with the support of the Gold Foundation MTL Advocacy Grant (2016-2018), we are broadening our work on cross-cultural communication in organ donation conversations to create a best practices toolkit for clinicians.

Our methods: We have conducted a literature search for best practices in obtaining consent in deceased organ donation. At this time we are compiling the relevant studies and analyzing the quality of the evidence. We plan to identify the best evidence and extract it into a toolkit. This toolkit would take the form of a checklist of behaviors and strategies for clinicians approaching family members to initiate the organ donation consent process for both a general audience and also guidelines for cross-cultural encounters.

We propose to do initial testing of the toolkit with a focus group of resident physicians. We would invite qualitative feedback and we would also obtain quantitative data about feasibility and utility of the checklist.

We would value feedback from the MTL community on our best practices check list for feasibility. We would also appreciate past experience from MTL participants on implementing checklists in their respective institutions.

We hope that our research will improve clinicians' ability to empathically engage with family members during an emotionally wrought time, so as to optimize families' experiences and to maximize opportunities for organ donation.

Where is the family voice? Examining the Relational Dimension of the Family-healthcare Provider and its Perceived Impact on Patient Care Outcomes
Sophie Soklaridis, PhD; David Wiljer, PhD; Andrew Johnson; Miriam McCann, MSW; Jacqueline Waller-Vintar

With support from the Arnold P. Gold Foundation grant 2013−2014, we conducted a scoping review of relationship-centered care in health[1]. Relationship-centered care (RCC) is a model that provides an alternative framework to patient-centered care by centering how relationships influence health care experiences and outcomes. This review identified gaps in the literature within the relational dimensions of practitioner-family. Our Advocacy project 2016−2017 will explore this under-researched area through in-depth interviews with family members. Our central research question is: How do families experience the tripartite relationship between healthcare providers, themselves and young adult patients (18-25 years of age) during the initial period of recovery and adjustment from a first episode psychosis?

Families can be allies to practitioners, and are not only important for the very young or old, but also for adults with chronic conditions who depend on care. Exploring this under-researched area provides an opportunity to humanize care by honouring family perspectives, sharing information in a timely and transparent way, encouraging and supporting participation in care and decision-making, and collaborating to facilitate the delivery of care. We are in the process of submitting for REB approval. Our next steps, upon receiving approval, will be to recruit family members from our Office of Family.

Engagement and from the First Episode Psychosis Clinic that offers support to individuals and their families within the initial period of recovery and adjustment. Question we have for our MTL community: What are your experiences with family involvement in the care of your patients?

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SYMPOSIUM PARTICIPANTS

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Lolita is an Assistant Professor in Academic Pediatrics at the University of Chicago. Her research interest lies in developing curricula on how medical providers can use the Electronic Medical Record (EMR) and technology with patients in a collaborative manner in order to enhance communication and understanding. Last year, with her colleagues Drs. Wei Wei Lee and Vinny Arora, they completed a literature search on patient-centered EMR use. With the support of the Gold Foundation, their proposal "Advocacy and Training to Improve Patient-Centered Technology (iPaCT) Use in the Digital Age" hopes to translate their best practice findings into a set of practical communication resources for providers and patients alike.

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With upbringing in rural Eastern Idaho, teaching cross-cultural language internationally, guiding multisport outdoor tours in Alaska, and partnering with underserved patients at every opportunity – developing the group ethos has been a passion of mine. A desire to thoroughly understand and shape the future of medical practice engaged me in this research examining the efficacy and experience of group-medical-visits (GMVs). I envision a healthcare workforce that embodies a world of experience, empathy and compassion to bolster individual health. Career goals include community oriented research, medical mastery in primary care specialties, working with underserved communities, and developing a culture of health and wellness.

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Gaurab Basu is a primary care physician at Cambridge Health Alliance, instructor at Harvard Medical School and co-director of the CHA Internal Medicine Social Medicine and Health Advocacy curriculum. His interests are in health equity, global health and health advocacy curriculum. His Gold Foundation project relates to doing a literature review on published accounts of health advocacy curriculum, which will work towards advocating for a health advocacy competency framework for postgraduate medical education. Gaurab is a sports fan and follows his Bay Area sports team and is very excited to be a part of the Gold Foundation community.

Participants

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Maren Batalden, MD, MPH, is the Associate Chief Quality Officer at the Cambridge Health Alliance (CHA) and Assistant Professor at Harvard Medical School. She studied English and religion in college and taught high school English for two years before pursuing public health and medicine. She earned an MPH degree at UNC-Chapel Hill and worked for two years designing and evaluating public health programs related to youth violence prevention before coming to medical school at Harvard. Maren completed an internal medicine residency at the Brigham and Women's Hospital and post graduate fellowships in both medical ethics and medical education before taking a clinical position as a hospitalist at CHA. She served as Associate Program Director for the Internal Medicine Residency Program at CHA for 7 years and in 2011 assumed a leadership role in quality improvement at CHA. She has collaborated with Dr. Elizabeth Gaufberg as a teaching partner in humanistic curricular endeavors for residents and medical students for nearly a decade and has co-authored four publications with Dr. Gaufberg related to teaching reflective practice and creating relationship-oriented cultures of practice in health care settings. Her current focus is on shaping a health system at CHA that nurtures the personal and professional development of staff and providers, delivers patient-centered care, and operates effectively as a safe, high quality, high-value system. She has support from the Arnold P. Gold Foundation this year to lead a mid-career Innovation Fellowship for clinician leaders at CHA that marries improvement science and relationship-centered care using the frame of "co-producing" healthcare service.

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Dr. Jennifer Best is an Associate Professor of Medicine in the Division of General Internal Medicine at the University of Washington. She received her undergraduate degree from Seattle Pacific University and medical degree at Northwestern University. She returned to the UW for her internal medicine residency and chief residency and practices hospital medicine at Harborview Medical Center, on the clinician-educator pathway. Dr. Best completed the UW Teaching Scholars program in 2009 and has been the recipient of several teaching awards. She is a Fellow of the American College of Physicians and Society of Hospital Medicine and is a past Deputy Editor of the Journal of General Internal Medicine. She serves as UW Associate Dean for Graduate Medical Education and Associate Program Director for Resident Professional Development and Wellness for the UW Internal Medicine Residency Program. Her clinical and scholarly interests include vulnerable populations, care transitions, systems education and the GME training environment.

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Era Buck, PhD is a Senior Medical Educator in the Office of Educational Development and an Associate Professor of Family Medicine at UTMB in Galveston. During twenty years in undergraduate and graduate medical education, her work has included faculty development, program evaluation, and health professions education research. Her publications and presentations encompass a broad range of topics including national presentations about developing professional identity formation and assessment of humanism. She is actively working on projects related to assessment in competency-based education, professional identity formation and humanism. She is an active participant in the Mapping the Landscape community, participating in three literature reviews and one discovery project.

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Douglas Buller makes slides. Most days, all day. He has been doing this with the Wilson Centre for the last fifteen years. When he is not making slides, he is reading theory from other disciplines that share material parallels with presentations, so he can make better slides. This includes film theory, literary theory, theatre, design and music. He also consults with the scientists and fellows of the Wilson Centre as well as with other departments across the University of Toronto. He occasionally gives workshops at international conferences such as the Association for Medical Educators of Europe (AMEE) or the Asia Pacific Medical Education Conference (APMEC).

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Margaret (Meg) Chisolm is Associate Professor and Vice Chair for Education in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins University. She is co-author of a textbook on psychiatric evaluation and editor of a book on social media in medicine. In addition, she has written more than 70 scientific and clinical articles about substance use and other psychiatric disorders, humanistic practice, and medical education. Dr. Chisolm is a member of the Miller-Coulson Academy of Clinical Excellence and the recipient of the 2014 Johns Hopkins University Alumni Association Excellence in Teaching Award, and has twice been recognized as an Arnold P. Gold Foundation Humanism Scholar.

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Maureen Clark is Assistant Professor and Assistant Information Services and Clinical Librarian for the Library of the Health Sciences and the Department of Medical Education at the University of Illinois at Chicago. She serves as the clinical informationist to the Children's Hospital and the University of Illinois Hospital & Health Sciences System and as teaching faculty to the College of Medicine in health professions educational programs, patient safety, and undergraduate and graduate medical education. Professor Clark is a licensed clinical counselor and certified addictions counselor and has experience serving vulnerable and stigmatized patients. She is interested in strengthening the pathways for inclusion and compassionate care for vulnerable persons, including the improvement of the evidence base for effective clinical, community, educational, and policy interventions. She works with medical educators and clinicians to improve care for the homeless, LGBT persons, and survivors of Adverse Childhood Events (trauma-informed care).
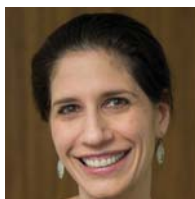
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Elizabeth N. Cleek, Psy.D., is Chief Program Officer and Vice President at the Arnold P. Gold Foundation, an organization committed to the Gold Standard in healthcare – compassionate, collaborative, and scientifically excellent. As CPO/VP, Dr. Cleek oversees Gold program initiatives, develops partnerships that bring new innovation to the organization, and implements strategic priorities important for continuing the Gold Foundation's mission.

Prior to her work at the Gold Foundation, Dr. Cleek was the Chief Innovations Officer for ICL, a multi-service non-profit agency, where she was responsible for training in evidence-based, outcomes driven and person-centered programming. Additionally, Dr. Cleek spearheaded the development of the agency's outcomes evaluation framework and supported the design and development of numerous initiatives for innovative programming, one of which was awarded a SAMHSA Science and Service Award.

She has written and presented with colleagues on the use of technology to support implementation of best practice work, the development and implementation of health related interventions for people with Serious Mental Illness, outcomes evaluation, as well as implementation of evidence-based and best practice interventions in 'real world' settings.

Dr. Cleek is a co-author of the book Therapy in the Real World: Effective Treatments for Challenging Problems, published in 2013 by The Guilford Press, with Nancy Boyd-Franklin, Matt Wofsy, & Brian Mundy.

Dr. Cleek is a graduate of the Graduate School of Applied and Professional Psychology at Rutgers University (PsyD); the Teachers College at Columbia University (MA), and Clark University (BA).
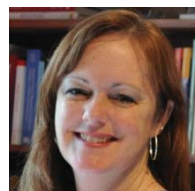
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Virginia S. Cowen, PhD, LMT is assistant professor at the Rutgers University School of Health Professions. She was principal investigator for a research review, sponsored by the Arnold P. Gold Foundation, on the use of creative and expressive writing in medical education. Formerly the coordinator for a graduate degree track in integrative health and wellness, Dr. Cowen currently serves as Assistant Research Director for the Physician Assistant program. Dr. Cowen received her PhD from Arizona State University, M.A. from Columbia University and B.S. from the Indiana University School of Music. A former professional singer, she is a licensed massage therapist, and holds teaching certifications in exercise, yoga, and Pilates. Dr. Cowen has authored books on autism, gym class, and pathophysiology. She has conducted original clinical research on yoga, massage, aromatherapy, and physical activity and is currently working on projects related to comparative effectiveness research for chronic pain.

Participants

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Monica M. Cuddy is a Measurement Scientist at the National Board of Medical Examiners (NBME) and a PhD student in sociology at the University of Delaware. She has worked at the NBME for sixteen years and expects to complete her PhD in 2018. Her research interests include socialization processes within the education and training of health care professionals, gendered practices within medical education, and validity-related issues in assessment. She has presented her work at numerous national and international conferences with recent publications in Academic Medicine, Journal of Internal Medicine, Applied Psychological Measurement, Anatomical Sciences Education, and Advances in Health Science Education. Monica serves on the NBME Stemmler Medical Education Research Fund Committee and the AERA Division I Established Investigator Sub-Committee. She also participates as a peer reviewer for the Medical Council of Canada Research in Clinical Assessment Grant and various professional journals in the fields of assessment and medical education.

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Dr. Danoff's background encompasses clinical, administrative and academic medicine, including 25 years in medical education. A graduate of McGill University Faculty of Medicine, she practiced as a clinical immunologist as well as serving as Associate Dean, Undergraduate Medical Education at McGill. She continues as adjunct faculty at both McGill and the University of Ottawa. Her other senior administrative roles have included Director, Office of Education, Royal College of Physicians and Surgeons of Canada (RCPSC) and Assistant and then Associate Vice President, Division of Medical Education, Association of American Medical Colleges (AAMC). In her career she has consistently advanced scholarly activities to assure humanistic quality health care. This includes supervision of and research using data from the AAMC Medical Student Graduation Questionnaire as well as the development and piloting of a tool to assess cultural competence education. Most recently she has focused on issues related to professionalism and professional identity formation.

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Dr. Carolyn Dewa is a Professor in the Department of Psychiatry at the University of California, Davis. She led the Centre for Addiction and Mental Health's Centre for Research on Employment and Workplace Health and was a professor at the University of Toronto. Her awards included an Ontario Ministry of Health and Long-Term Care Career Scientist Award and a Canadian Institutes of Health Research/Public Health Agency of Canada Applied Public Health Chair. She holds a PhD in health economics from the Johns Hopkins University and a MPH in health services administration from San Diego State University. She was a fellow at the Harvard Medical School.

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Dr. Kaylee Eady is a Research Associate in Health Professions Education at the Children's Hospital of Eastern Ontario Research Institute and University of Ottawa, Canada. Her research interests include engaging patients and families in health professions education, program evaluation, and research; using participatory and collaborative program evaluation approaches in health professions education; and exploring the use of qualitative methods in health professions education, program evaluation, and research.
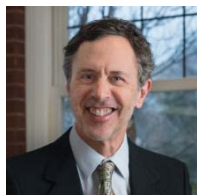
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Ronald Epstein MD—family physician, teacher, researcher and writer—has devoted his career to understanding and improving patient-physician communication, quality of care and clinician mindfulness. He has conducted groundbreaking research into communication in medical settings and developed innovative educational programs that promote mindfulness, communication and self-awareness. Ron directs the Center for Communication and Disparities Research and co-directs the Deans Teaching Fellowship program and Mindful Practice Programs at the University of Rochester School of Medicine and Dentistry where he is Professor of Family Medicine, Psychiatry, Oncology and Medicine (Palliative Care). A graduate of Wesleyan University and Harvard Medical School, he is recipient of lifetime achievement awards relating to communication and humanism, a Fulbright fellowship in Barcelona and fellowships at the University of Sydney and the Brocher Institute in Geneva. He has published over 250 articles and book chapters. His first book, *Attending: Medicine, Mindfulness and Humanity,* was released in January 2017.

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Rich is professor of Medicine and Geriatrics at IU School of Medicine. He currently directs the Advanced Scholars Program for Internists in Research and Education (ASPIRE) and conducts communication research at the Indianapolis VA. He maintains a staff appointment in the Education Institute at the Cleveland Clinic. He has published more than 225 papers and edited 7 books on doctor patient communication. Rich enjoys bicycling, digital photography and collecting 18th and 19th Century books and manuscripts.

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Dr. Elizabeth Gaufberg is the Jean and Harvey Picker Director of the Arnold P. Gold Foundation Research Institute and an Associate Professor of Medicine and Psychiatry at Harvard Medical School. Liz directs the Cambridge Health Alliance (CHA) Center for Professional Development, Psychosocial Training for the CHA Internal Medicine Residency Program, and the Patient-Doctor Course for the Harvard Medical School Cambridge Integrated Clerkship. Liz co-founded the CHA Medical Humanities Initiative, has established an active collaboration between the Cambridge Health Alliance and the Harvard Art Museum, and is an editor of the CHA Literary Arts Journal, Auscultations. Liz holds several national leadership roles in medical education. Her innovative curricula on professional boundaries, the stigma of addictions, and the hidden curriculum are in use in hundreds of medical training institutions world-wide. She is married to Slava, an Emergency Physician and Residency Director, and together they are raising four daughters.

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I am an Assistant Professor of Medical Sociology at the St. Louis College of Pharmacy. I received my PhD from the Department of Sociology at the University of Illinois at Chicago. My areas of specialization are medical sociology, social studies of science, subcultures, and the sociology of sex and gender.

Arnold P. Gold, MD
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Arnold P. Gold, MD, is Chairman Emeritus and co-founder of The Arnold P. Gold Foundation, with his wife, Sandra O. Gold, and several colleagues. Dr. Gold is Professor of Clinical Neurology and Clinical Pediatrics at the College of Physicians and Surgeons, Columbia University, where he has been associated for more than 50 years. An author of more than 80 published articles and many text books in the field of pediatric neurology, including Neurology of Infancy and Childhood; Rudolph's Pediatrics; Shirkey's Pediatric Therapy and Merritt's Textbook of Neurology. Dr. Gold is the recipient of many special awards, lectureships and professorships, including the National Brennerman Award in Pediatrics. Dr. Gold received both the "Practitioner of the Year" award and the "Dean's Distinguished Service Award" during his tenure at Columbia University College of Physicians and Surgeons.

Dr. Gold has served as a member of the Board of Trustees for the American Medical Association Foundation, and in 2000 became the AMA Foundation's Secretary. The Dr. Arnold P. Gold Child Neurology Center at the Morgan Stanley Children's Hospital of New York-Presbyterian Hospital, Columbia University Medical Center was dedicated and opened in 2003. The capstone of his long career was receiving "The Lifetime Achievement Award" from the Child Neurology Society. An Honorary Doctor of Humane Letters Degree was conferred upon him by the Mount Sinai School of Medicine, and with his wife, Sandra Gold, he was awarded Honorary Doctorates in Humane Letters from The University of Medicine and Dentistry of New Jersey and Sacred Heart University in Connecticut. They also each received "The Special Recognition Award" from the Association of American Medical Colleges.

Arnold Gold established the Arnold P. Gold Foundation in 1988 with the power of an idea – to nurture and preserve the tradition of the caring physician. That idea was conceived in response to a trend that Dr. Gold witnessed. He feared that burgeoning scientific discoveries and advances in technology were shifting the focus of medicine from caring for the whole person to an over-reliance on technology. Physician trainees were at growing risk for becoming scientifically proficient and technically well-trained, but lacking in caring and compassion.

Participants

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Dr. Sandra Gold is the co-founder of the Arnold P. Gold Foundation, a public charity which promotes humanistic, patient centered & collaborative healthcare practice. Through her 25 year stewardship, the Gold Foundation has become an internationally known leader in creating innovative medical education programs and advocating for caring hospital communities. She now serves as counselor to the current president of the Gold Foundation, Dr. Richard Levin.

Dr. Gold is also the founder of group homes for individuals with disability in Bergen County, NJ; and founder of The JCC Thurnauer School of Music, a member of the Guild of Community Music Schools, which is a grantee of the National Endowment for the Arts and the NJ Council of the Arts. A devoted civic leader, Dr. Gold has served as a board member and officer of numerous local and national organizations, including the Jewish Community Association of North America, the Florence G. Heller Research Center, the Myoclonus Research Foundation and the Jewish Educational Service of North America. She is a board trustee and/or past president of several New Jersey agencies, among them The Jewish Home at Rockleigh, The Adler Aphasia Center and the 13,000-member Jewish Community Center of the Palisades, a full-program social service agency. Dr. Gold received her doctorate from Rutgers University, and with her husband, Dr. Arnold Gold, received Honorary Doctorates in Humane Letters from the University of Medicine and Dentistry of New Jersey and Sacred Heart University in Connecticut. In 2013 they each received "The Special Recognition Award" from the Association of American Medical Colleges.

Among her active volunteer leadership service is membership on the Columbia University Health Sciences Advisory Council, The Naomi Berrie Diabetes Center Advisory Committee, The New Jersey Medical School Advisory Council, The New York Presbyterian Hospital Committee on Environment and Service Excellence, and the Health Sciences Advisory Council Committee on Campus Community.

Dr. Gold is the mother of 5 children and a devoted grandmother to her 13 grandchildren.

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Dr. Green is Senior Scientist at the Mongan Institute for Health Policy at Massachusetts General Hospital and Arnold P. Gold Associate Professorship of Medicine and Chair of the Cross-Cultural Care Committee at Harvard Medical School. He received his bachelor and medical degrees from the University of California, San Diego, and completed residency in internal medicine at New York Hospital—Cornell Medical Center, where he later served as Associate Director of the Primary Care Internal Medicine Residency Program. He was a National Health Services Corps fellow in Queens, New York, and completed a research fellowship and Masters Degree in Public Health at Harvard School of Public Health. Dr. Green has served on numerous expert panels, working groups and advisory boards on culturally competent care and health care disparities. His work has been funded by the federal government, local and national foundations, and private donation, and he has authored over 100 articles, chapters, reports, and educational publications. Dr. Green's research and programmatic interests focus on culturally competent approaches to quality improvement; unconscious bias in health care delivery, language and patient safety; and cultural competence education for health professionals.

Frederic W. Hafferty, PhD
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Frederic W. Hafferty is Professor of Medical Education, Associate Director of the Program for Professionalism & Values, and Associate Dean for Professionalism, College of Medicine at the Mayo Clinic. He received his undergraduate degree in social relations from Harvard in 1969 and his Ph.D. in medical sociology from Yale in 1976. He is the author of *Into the Valley: Death and the Socialization of Medical Students* (Yale University Press); *The Changing Medical Profession: An International Perspective* (Oxford University Press) with John McKinlay; *Sociology and Complexity Science: A New Field of Inquiry* (Springer) with Brian Castellani, *The Hidden Curriculum in Health Professions Education* (Dartmouth College Press) with Joseph O'Donnell; *Understanding Professionalism* (Lange) with Wendy Levinson, Katherine Lucy, and Shiphra Ginsburg; and *Place and Health as Complex Systems: A Case Study and Empirical Test* (Springer) with Brian Castellani, Rajeev Rajaram, J. Galen Buckwalter and Michael Ball. He is past chair of the Medical Sociology Section of the American Sociological Association. He currently sits on the American Board of Medical Specialties Standing Committee on Ethics and Professionalism and the editorial board of Academic Medicine. Research focuses on the evolution of medicine's professionalism movement, mapping social networks within medical education, the application of complexity theory to medical training, issues of medical socialization, and disability studies.

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I aspire to this: "Power without love is reckless and abusive, and love without power is sentimental and anemic. Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love."
–Dr. Martin Luther King Jr.

Stanley Hamstra, PhD
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Dr. Hamstra joined the ACGME in November 2014 as Vice President, Milestone Research and Evaluation. He is responsible for oversight and leadership regarding Milestones for residency training programs and the associated assessment system that inform decisions around resident progression and board eligibility. Dr. Hamstra works with outside organizations, including medical subspecialty societies, program director groups and organizations, the American Board of Medical Specialties, and specialty certification boards, to collaborate with and inform them of ongoing research and evaluation activities. His research addresses medical education broadly, with a focus on competency assessment for residency training programs, developing administrative support for educational scholarship within academic health settings, and bringing humanities and social sciences into health professions education.

Participants

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Byron Haney, M.D. is a practicing rural family physician in Ellensburg, WA and Assistant Professor of Medicine at Pacific Northwest University School of Health Sciences, Yakima, Washington. Dr. Haney received his Bachelor of Science degree in biochemistry from University California Davis, hid MD degree from Indiana University School of Medicine and completed his family medicine residency at Scenic General Hospital Modesto, California.

Dr. Haney's practice includes OB, clinical research and preventive medicine, which has been recognized by Blue Cross, Group Health and the Washington Health Alliance. For the last eight years he has been performing, researching, teaching and consulting on Shared Medical Appointments (SMAs). He has conducted Learning Labs on SMAs at four Triple Aim IHI Annual Summits on Improving Patient Care in the Office Practice and the Community. His eight years of SMAs just witnessed a first pre-diabetic conversion to diabetes and a 0-5 scale patient satisfaction ranking of 4.8.

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Ellen Hedstrom works as an Executive Assistant at the Arnold P. Gold Foundation Research Institute and the Cambridge Health Alliance Center for Professional Development. She is a 2016 graduate of Boston College with a degree in Philosophy and Medical Humanities.

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Christian Herold is a manager at the Gold Foundation Research Institute and at the Center for Professional Development at Cambridge Health Alliance. On the side, he directs an arts and STEAM-education project, People's Sculpture Racing, based in Cambridge, MA. In past incarnations, he was executive director of Munroe Center for the Arts in Lexington, MA; president of the board-run, Routledge-owned journal *Women and Performance. A Journal of Feminist Theory*; and an adjunct professor at NYU's Undergraduate Drama Department. He is a published and produced playwright, videographer, and arts scholar, with a masters from NYU's Department of Performance Studies, and a BA from Wesleyan University.

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Laura E. Hirshfield is an Assistant Professor in Medical Education at the University of Illinois at Chicago and a Faculty Affiliate in Sociology. Laura received her PhD in Sociology from the University of Michigan and was previously a Visiting Assistant Professor of Sociology at the New College of Florida.

A sociologist by training, Laura is interested in (and has studied) social interaction, identity, education, science, work/organizations, and medicine. Her research centers on gender and other forms of inequality in academic and clinical settings, particularly in the natural sciences and medicine. One key focus is on what she calls "hidden labor," or workplace responsibilities that are necessary, but undervalued and viewed as peripheral, undertaken by and expected of minorities in the workplace. More recently, Laura's work has focused on cultural competence in medical contexts (particularly as it relates to trans patients), as well as emotional socialization in medical school.

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Dr. Mark Holden is Professor and Director of the Division of General Internal Medicine, and Vice Chair for Undergraduate and Continuing Medical Education for the Department of Internal Medicine at the University of Texas Medical Branch in Galveston. He serves as Co-chair of the UTMB Professionalism Committee and director of the School of Medicine Professionalism Theme. He was the Director of Professional Identity Formation for the University of Texas Transformation in Medical Education initiative. His work focuses on professionalism and professional identity formation. He collaborated on a recently published literature review on the assessment of humanism in medical students.

Eric Holmboe, MD
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Dr. Holmboe, a board certified internist, is Senior Vice President, Milestones Development and Evaluation at the Accreditation Council for Graduate Medical Education (ACGME). From 2009 until January, 2014 he served as the Chief Medical Officer and Senior Vice President of the American Board of Internal Medicine and the ABIM Foundation. He originally joined the ABIM as Vice President for Evaluation Research in 2004. He is also Professor Adjunct of Medicine at Yale University, and Adjunct Professor of Medicine at the Uniformed Services University of the Health Sciences and Fineberg School of Medicine at Northwestern University. Dr. Holmboe is a graduate of Franklin and Marshall College and the University of Rochester School of Medicine. He completed his residency and chief residency at Yale-New Haven Hospital, and was a Robert Wood Johnson Clinical Scholar at Yale University.

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Adam Hoverman is a Family Physician and Preventive Medicine Resident at Portland State University-Oregon Health and Sciences University School of Public Health in Portland, Oregon. He completed medical school at AT Still University and family medicine residency at the University of Minnesota. For the past half-decade he has taught as the Director of Global Health and Research at Pacific Northwest University in Yakima, Washington in the Department of Family Medicine. His research is focused on the global health workforce, health system strengthening, community based participatory research and co-production of health services.

Participants

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Dr. Holly J. Humphrey is a nationally recognized leader in medical education with a specific focus on professionalism and the role of mentoring in medical education. She is the Ralph W. Gerard Professor in Medicine and Dean for Medical Education at the University of Chicago. In this role she has launched numerous programs and initiatives aimed at enhancing professionalism, reforming the curriculum, supporting faculty teaching and scholarship, reducing healthcare disparities and preparing under-represented minority students for careers in medicine. Dr. Humphrey has served as editor of *Mentoring in Academic Medicine,* Founding Chair of the Board of Directors for the Kaiser Permanente School of Medicine, Chair of the American Board of Internal Medicine (ABIM), Chair of the American Board of Internal Medicine Foundation and President of the Association of Program Directors in Internal Medicine (APDIM). She also serves on the Boards of Directors for both Alpha Omega Alpha and the Bucksbaum Institute for Clinical Excellence.

Michael Jendusa, MD
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Michael is currently in the second year of his family medicine residency at UIC. He is from St. Louis, but has lived in Chicago for six years now and is grateful for the opportunity to serve his community each day. He particularly is interested in addressing health disparities and working with patients and communities to address their health within their social context. Specific interests include homeless care, global community health, behavioral medicine, substance use disorders, maternal and child health, and Latino health.

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Andrew Johnson has been a mental health and addictions professional since 1997. Currently he works within CAMH Education as Manager, Patient and Family Education and CAMH Publications. In that leadership role, Andrew collaborates with a team of digital developers, publications professionals, librarians, researchers, clinicians and others to create mental health and addictions related information, mHealth interventions and other knowledge products. The aim of that work is to meet the information, access and educational needs of our patients, their families, students, clinicians and other targeted groups. Committed to co-creation as a strategy for developing consumer health information and other products, Andrew has collaborated on numerous projects, including the development of Thought Spot (mythoughtspot.ca), a digital platform created by and for students that supports their peers in the Greater Toronto Area to find and access mental health-, addictions- and wellness-related services.

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Tyrone Johnson is a first-year medical student at the University of Chicago Pritzker School of Medicine, and a 2017-2018 Albert Schweitzer Fellow. He graduated from the University of California, Los Angeles in 2015 with a B.S. in Microbiology, Immunology, and Molecular Genetics, and served as a coordinator of the UCLA Mobile Clinic Project, an interdisciplinary street-side free clinic that provides healthcare and social services to vulnerable homeless populations in Los Angeles. At Pritzker, Tyrone co-coordinates the Maria Shelter Free Clinic, sits on the Identity & Inclusion Committee, serves on the board of the Student National Medical Association (SNMA), and writes as an intern of in-Training, a magazine published by medical students. He is interested in community health, the empathetic and communicative elements of the doctor-patient relationship, and multiracial identity.

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Kathleen Kashima, PhD, is the Senior Associate Dean of Students and Clinical Assistant Professor in Medical Education and in Psychiatry at the University of Illinois, College of Medicine. A licensed clinical psychologist, Dr. Kashima has been a medical student affairs dean for 20 years and has worked in higher education for over 30 years. She received her undergraduate degree in Psychology with Honors and Distinction from Stanford University, and her doctorate in Clinical Psychology from the University of California at Los Angeles (UCLA). She completed postdoctoral fellowships in Health Psychology at UCLA's Neuropsychiatric Institute and Hospital, and at the Center for Cognitive Therapy, Newport Beach, California.   Dr. Kashima has also served in various professional leadership positions for the Association of American Medical Colleges: as Executive Secretary-Treasurer, Vice Chair, Chair-Elect, Chair and Past Chair on the Steering Committee for the Central Group on Student Affairs and currently, as the Central Region representative to the Group on Student Affairs National Committee on Student Affairs.   In addition, she is the Past-Chair, after having assumed responsibilities of Vice Chair and Chair, for the Gold Humanism Honor Society Advisory Council.

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Martina Kelly is a family doctor and Director of Undergraduate Family Medicine, University of Calgary. Originally from Ireland, she moved to Calgary in 2012. Her master's in education examined reflective practice in clinical placement learning (2007). She is curious about how to explore day to day experience as a form of evidence in clinical care. Currently she is working on her PhD, a series of qualitative studies, using a phenomenological lens, on the meaning of touch in clinical practice.

Participants

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Dr. Sara Kim, Research Professor of Surgery, received her PhD in Education from University of Washington in 1999. Currently, she serves as Associate Dean for Educational Quality Improvement, School of Medicine, University of Washington. She is the inaugural holder of the George G. B. Bilsten Professorship in the Art of Communication with Peers and Patients. Dr. Kim actively teaches and leads research programs in conflict management and collaborates with a wide range of clinical, administrative and educational stakeholders across UW Medicine to develop and disseminate communication skill training programs. Dr. Kim has numerous peer-reviewed publications in leading medical education and medical specialty journals, covering topics of physician communication skills, assessment, teaching and learning practices.
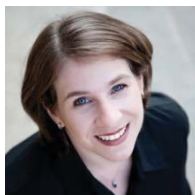
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With a Master's degree in Library and Information Science, over a decade of experience as a health science librarian, and several board level positions in library associations, Ms. King is a skilled and respected information professional. She earned her BA from Smith College and her MLIS from Simmons College, then worked at Brigham & Women's Hospital and Boston Children's Hospital before coming to the Gold Foundation in 2012. As the Head of Information Services at the APGF Research Institute she is responsible for finding, organizing and disseminating research on humanism in healthcare and maintaining the Foundation's website, blog and social media.

Marleen Kunneman, PhD
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Marleen Kunneman is a doctor of medicine and has a background in clinical linguistics and medical decision making. She works as a Research Associate at the Knowledge and Evaluation Research Unit, Mayo Clinic (Rochester, MN), and at the Department of Medical Decision Making, Leiden University Medical Center (the Netherlands).

Dr. Kunneman has a special interest in clinician-patient communication, the concept and occurrence of shared decision making (SDM) as a conversation in daily care, the mechanical versus human approach of SDM, choice awareness, diagnostic decision making and minimally disruptive research.

Next to her work as a researcher, Dr. Kunneman teaches (risk) communication and medical decision making to medical students and residents. She is a member of the yEACH (early career) and rEACH (research) committees of the International Association for Communication in Healthcare. In addition, she is in the Organizing and Scientific Committee of the 2017 International SDM Conference in Lyon, France.

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Tim Lahey is an HIV physician, ethicist and HIV/TB researcher. The Director of Education at The Dartmouth Institute for Health Policy & Clinical Practice, and Chair of the Clinical Ethics Committee at Dartmouth-Hitchcock Medical Center, Tim is Associate Professor at Dartmouth's Geisel School of Medicine. A member of the Geisel Academy of Master Educators and a 2012 Gold Humanism Scholar, Tim has published about HIV and tuberculosis immunology, medical education and clinical ethics for academic journals. He has also written in *The New York Times, The Atlantic, Scientific American*, and other popular outlets about compassion, ethics and health policy.

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I am a PhD trained research methodologist with extensive experience in scale development and psychometrics, in that area I have done extensive work with the Jefferson Scale of Empathy am currently working with colleagues to develop a scale of patient uncertainty. My current research focus is in patient centered outcomes research, specifically the development and measurement of constructs related to 'patient-centeredness', such as empathy, engagement, and patient-centered communication. I am a faculty member in the department of Family and Community Medicine at Thomas Jefferson University, and also the Director of the PhD in Population Health Sciences in the College of Population Health.
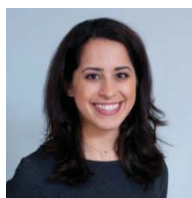
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Tess Lauricella is currently coordinating research at Massachusetts General Hospital's Empathy & Relational Sciences Program and Harvard University's Suicide and Self-injury Lab. She graduated *magna cum laude* from Skidmore College in 2015 with a BA in Psychology, writing her honor's thesis on future thinking and memory distortion. Lauricella has additional experience working in social psychology and positive psychology research, as well as fieldwork with autism spectrum disorders and leadership in health promotion. In the future, she aspires to combine her interest in cognition and health psychology, a field in which she hopes to address maladaptive behaviors and improve patient outcomes.

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Dr. Lee is the Assistant Dean of Students at the Pritzker School of Medicine, Core Faculty and Assistant Director of Ambulatory Education at the University of Chicago's Internal Medicine Residency program. She graduated from Wellesley College with a degree in psychobiology and is a graduate of New York University School of Medicine. She earned a masters of public health degree from the Harvard School of Public Health in 2006. She completed her residency in internal medicine at NYPH- Weill Cornell in 2010 where she also served as an Ambulatory Chief Resident. Dr. Lee joined the faculty at the University of Chicago in 2010. She was selected as an Associate Junior Faculty Scholar for The University of Chicago's Bucksbaum Institute for Clinical Excellence in 2012 in recognition of her dedication to improving the patient-doctor relationship. Dr. Lee's academic interests are focused on developing curricula to enhance patient-centered technology use and promote patient-doctor communication in the computerized setting.

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Dr. Susan W. Lehmann is an Associate Professor, Clinical Director of Geriatric Psychiatry and Neuropsychiatry and Psychiatry Clerkship Director in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine. She is a recipient of the American Psychiatric Association Nancy C.A. Roseke, M.D. award for Excellence in Medical Student Education and is the first recipient of Berkheimer Faculty Scholar Award in medical education at Johns Hopkins. She received the 2013 Excellence in Teaching Award from the Johns Hopkins University School of Medicine and the 2016 Excellence in Teaching Award from the American Association for Geriatric Psychiatry. She serves on the Executive Council of the Association of Directors of Medical Student Education in Psychiatry and is a member of the Miler-Coulson Academy of Clinical Excellence. Her scholarship has been both in medical student education and in geriatric psychiatry.

Anne Leonpacher
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Dr. Anne Leonpacher studied psychology/pre-health at Loyola University New Orleans and completed medical school at the Johns Hopkins University School of Medicine. She continued in residency training in psychiatry at the Johns Hopkins Hospital, where she is now a third-year resident.

Dr. Leonpacher has co-authored papers in the areas of affective disorders, refeeding syndrome in anorexia nervosa, neuropsychiatric symptoms in Alzheimers dementia, and medical education. She has presented at national meetings on innovations in medical education and is a section editor for the Johns Hopkins Psychiatry Guide.

As a medical student Dr. Leonpacher received the William Walker Award in recognition of her research to distinguish between bipolar and unipolar depression. During her internship she received the Lidia Palcan Wenz Award, presented annually to the intern who best embodies commitment in the care of psychiatric patients. She currently serves as an administrative resident and is planning a career in academic psychiatry.

Richard I. Levin, MD, FACP, FACC, FAHA
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Across his career of more than forty years, Richard I. Levin, MD has studied the heart as both the instrument of blood flow and the metaphorical source of our humanity. For the past five years, he has served as President and CEO of The Arnold P. Gold Foundation and has been dedicated to supporting health professionals in training and in practice while advocating for compassionate, collaborative, scientifically excellent care.

Prior to joining the Foundation, Levin served as Dean of the Faculty of Medicine and Vice-Principal for Health Affairs at McGill from 2006 to 2011. Dr. Levin is Emeritus Professor of Medi-cine at both McGill University in Montreal and at New York University where he was also Vice Dean for Education, Faculty and Academic Affairs. He also served a year as Senior Scholar in Residence at the Association for Academic Health Centers in Washington, DC.
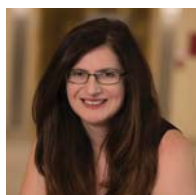
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Maria Athina (Tina) Martimianakis is the Director of Medical Education Scholarship and an Education Researcher in the Department of Paediatrics, and Scientist and Strategic Lead International, Wilson Centre, University of Toronto. In her research, Tina explores the materiality of discourse particularly with regard to agency, resistance and the construction of professional identity. Her recent work has focused on the relationship between discourses of the hidden curriculum and humanism, the politics and effects of knowledge stratification in pain clinics, and collaboration as a governing mentality in complex care settings, with a particular emphasis on team learning.

As an educator, she works to enable clinician educators to incorporate complex negotiations of the social world in their educational planning. She supervises clinical and social science students at all levels of training and teaches at the Wilson Centre, the Ontario Institute for Studies in Education, within the Department of Pediatrics.

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Dr. Barret Michalec is an Associate Professor in the Department of Sociology and the Associate Dean of Interprofessional Education. He also holds an Adjunct Research Assistant Professor position within the Department of Family and Community Medicine at the Sidney Kimmel Medical College of Thomas Jefferson University. Dr. Michalec earned his PhD in sociology from Emory University in 2000. His research primarily explores: a) the socialization and professionalization processes associated with health professions training and education, b) race and gender-based disparities in health and healthcare, and c) patient experience and interactions in healthcare settings.
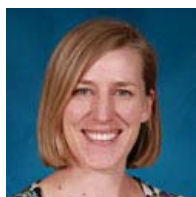
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Nicole Michels is Chair of the Department of Medical Humanities and an Associate Professor of Physiology at Rocky Vista University College of Osteopathic Medicine. Dr. Michels received her Ph.D. from the University of Nebraska Medical Center in 2007 where she studied immune responses to cell death induced through DNA damage. She subsequently did a postdoctoral fellowship at National Jewish Health, focusing on the immune response to Mycoplasma pneumonaie in asthmatics. Subsequent to entering the medical education realm, Dr. Michels' research interests refocused on education with a particular focus on understanding how students learn and how educators can incorporate humanistic components of disease states in the instruction of medical students.
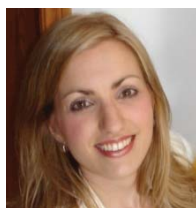
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Tracy Moniz is an Assistant Professor of Communication Studies at Mount Saint Vincent University in Nova Scotia, Canada. She holds a PhD in Communication and Culture from York and Ryerson Universities, a Master of Arts degree in journalism from Western University, and an Honours Bachelor of Arts degree in English Literature from the University of Toronto. Her research interests include medical humanities, writing practice and pedagogy, and health communication. Broadly, she is interested in ways of knowing that challenge traditional paradigms. Her research focuses on stories and storytellers and understanding how a sense of story enables people to make meaning of their experiences and those of others. She currently explores the role of reflective writing in medical education and practice. She is interested in the use of reflective writing in developing identity, in understanding experiences of care from multiple perspectives, and in supporting an empathetic and humanistic approach to care.

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Dr. Katherine Moreau is an Assistant Professor in the Faculty of Education (Health Professions Education) at the University of Ottawa, Canada. She is also an Affiliate Investigator at the Children's Hospital of Eastern Ontario Research Institute and a Senior Researcher with the Centre for Research on Educational and Community Services at the University of Ottawa. Her research focuses on pediatric patient and parent engagement in medical education and program evaluation.
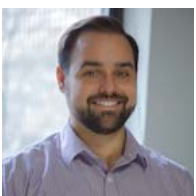
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Joey Nicholson is the Education and Curriculum Librarian and the Coordinator for Systematic Review Services at NYU's School of Medicine. In these roles he works with students and faculty to improve their information literacy skills, complete systematic reviews, and support their research projects. Prior to coming to NYU, Joey traveled the US teaching day-long PubMed courses for the National Library of Medicine.
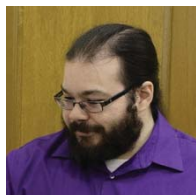
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Matthew Noe is a Fellow at the Lamar Soutter Library, furthering his expertise in medical librarianship after completing a Master's of Science in Library Science in 2016. In addition to working with students to meet their needs, Matthew is pursuing several projects to incorporate comics into medical education and practice, including conducting outreach to other librarians through the National Network of Libraries of Medicine New England Region office. In the future, he hopes to research the role that comics—or sequential narratives—can play in literacy, particularly in relation to bioethics and the challenges of informed consent.

Molly Ward Olmsted
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Molly is a 2015 graduate of Whitman College. She currently works for the Arnold P. Gold Foundation as an intern where she manages the Twitter feed among other projects. She also works at Dana-Farber Cancer Institute as a research coordinator in Gynecologic Oncology and hopes to attend medical school in the future.

Susan Orrange, PhD
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Dr. Susan Orrange serves as the UB GME Assistant Dean for Education and Resident Services. She is the Faculty Adviser for UB's Residents' Committee and also guides residents and faculty in her role as GME Ombudsman.

Dr. Orrange earned both her master's and doctoral degrees at the UB Graduate School of Education. Her dissertation was on engagement and burnout in medical residents, which continues to be a research interest, along with resident well-being, inclusion and diversity training.

Dr. Orrange is a strong supporter of resident humanism, introducing the first 'long' white coat ceremony at resident orientation, and was inducted by residents as a faculty member into the Resident Chapter of UB's Gold Humanism Honor Society. She organizes and is the seminar leader for the Generalist Scholars Program for talented UB students entering primary care specialties, and provides faculty development programs on session planning, critical refection, feedback and unconscious bias.

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Dr. Meha Patel is a third year family medicine resident at the University of Illinois at Chicago. She earned her B.S in psychology from Loyola University Chicago and her doctorate of medicine from Jefferson Medical College. Her clinical interests include underserved medicine, community medicine, family planning, and adolescent health.

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Subha Perni is a medical student at Columbia University's College of Physicians & Surgeons. She graduated from Princeton University in 2011 with a degree in philosophy, and wrote a thesis exploring the justifications for reliance on intuition in moral decision-making. Before attending medical school, she worked at the Primary Care Coalition, a non-profit aiming to improve access and quality of care for low-income, diverse, and uninsured patients. Her research interests are in oncology, medical ethics, and narrative medicine. Currently, she is taking a research year, and is working on a project examining cultural variance in conceptions of autonomy.

Margot Phillips, MD
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Margot Phillips is an adult psychiatrist with a sub-specialty in medical psychiatry. She has been involved in empathy research at MGH since 2009. She is now the Assistant Director of the MGH Empathy and Relational Science Program. She has co-authored several research papers on empathy, including "Empathy Training for Resident Physicians: A Randomized Control Trial of a Neuroscience-Informed Curriculum," and other Gold Foundation sponsored projects such as "Culture and Nonverbal Expressions of Empathy in Clinical Settings: A Systematic Review." She is currently working on two projects on organ donation with the ESRP team as part of the Gold Foundation MTL research community.

Charlie Pohl, MD
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Dr. Charles Pohl, a professor of pediatrics at the Sidney Kimmel Medical College (formerly known as Jefferson Medical College) of Thomas Jefferson University and a fellow of the American Academy of Pediatrics, completed his pediatric specialty training at the Children's Hospital of Pittsburgh after earning his medical degree at Jefferson Medical College (Philadelphia, PA). After completing an additional year as a pediatric chief resident, he pursued a career in academic pediatric care, which has been based primarily at Nemours/Alfred I. duPont Hospital for Children and Thomas Jefferson University Hospital. In his role as the Associate Provost of Student Affairs and Senior Associate Dean for Student Affairs and Career Counseling at Thomas Jefferson University, Dr. Pohl oversees all student life and engagement activities on campus as well as provides academic, personal, and career counseling for over 3,700 students. He has been instrumental in other program development for the medical college and university, including international medical educational exchange programs for students and residents, the initiation of the student-faculty mentor program, and the implementation of the Student Personal Counseling Center and the medical college's learning societies. His commitment to professionalism and humanism in the practice of medicine is reflected by his implementation and oversight of the Jefferson chapter of the Gold Humanism Honorary Society (GHHS), his position as chair of the national GHHS Advisory Council and his development of the Applied Arts Program in conjunction with the Pennsylvania Academy of Fine Arts. He also brings a perspective to medical education from his interest and experience in general pediatrics, pediatric apnea and sleep medicine and medical professionalism. This has resulted in numerous national presentations, peer-reviewed publications and a book on medical professionalism. His impact on medical education, pediatrics and medicine has been lauded by his induction to the Alpha Omega Alpha Medical Honor Society and the College of Physicians of Philadelphia, as well as by numerous teaching awards and accolades. In addition, he has been a valued mentor to countless students, residents and faculty over the years and is currently serving on the national Group of Student Affairs (GSA) Committee on Student Affairs for the Association of American Medical Colleges (AAMC).

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Ali I. Rae is in his fourth year of pursuing an MD/MPH at Brown and Columbia Universities respectively, with a concentration in Medical Humanities and Ethics. He writes poetry and fiction, as well as nonfiction on research topics with special interest in medical education, health policy, and the neurosciences. He serves as the Health Communications Fellow at the Arnold P. Gold Foundation Research Institute.

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Helen Riess, MD, is Director of the Empathy and Relational Science Program in the Department of Psychiatry at Massachusetts General Hospital and Associate Clinical Professor of Psychiatry at Harvard Medical School. Her research team at MGH conducts translational research utilizing the neuroscience of emotions to enhance patient-clinician communication and relational skills. The Empathy Program also provides clinician coaching and consulting services. Dr. Riess' research has been awarded the 2013 Partners Healthcare Medical Education Research Award, the 2012 Harvard Coaching Institute Research Award, and the 2013 SUNY Medical University Endowed Gilbert Humanism in Medicine Lecture Award. Dr. Riess is an internationally recognized speaker on empathy, recently giving a TEDx talk on "The Power of Empathy." Her empathy training curricula are implemented internationally in healthcare, business and education. She is Co-Founder, Chairman, and Chief Scientific Officer of Empathetics, LLC, a company that provides web-based empathy training and related relational skills solutions.

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Dr. Rock is a Pulmonologist and Critical Care Physician at Beth Israel Deaconess Medical Center in Boston, MA and an Instructor of Medicine at Harvard Medical School. For the past five years her primary focus has been developing, implementing and teaching Critical Care communication skills training programs for interns, residents and fellows and teaching using simulation. She teaches Intensivetalk, a program for teaching Critical Care Fellows advanced communication skills and was honored with the 2012 Putnam Scholar award of the American Academy on Communication in Healthcare. She completed the 2013-2014 Rabkin Fellowship in Medical Education. With the Center for Medical Simulation she teaches in comprehensive faculty development courses in emphasizing enhanced reflection and learning through an atmosphere of curiosity and respect. She has become fascinated with the profound influence emotion seems to have over our ability to listen, process information and make effective decisions.

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Dr. Arthur H. Rubenstein is Professor, Department of Medicine, Division of Endocrinology at the Perelman School of Medicine at the University of Pennsylvania. Previously, he was the Executive Vice President for the Health System and Dean of the Perelman School of Medicine from September 2001 to July 2011. Before joining Penn, he served as Dean of Mount Sinai School of Medicine. Earlier, he was Chairman of the Department of Medicine at the University of Chicago Pritzker School Of Medicine.

Dr. Rubenstein is an internationally-prominent endocrinologist recognized for clinical expertise and groundbreaking research in diabetes. Author of more than 350 publications, he is the recipient of many awards and prizes, including the highest honor of the Association of American Physicians (AAP), the George M. Kober Medal and the prestigious Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical College.

Participants

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Brian Schwartz, MLIS, is an associate professor in the medical humanities department at Rocky Vista University, as well as the Director of Medical Informatics and the Writing Center. Brian has a Master's degree in library and information science from the University of Denver and is currently a doctoral candidate in the school of Information Management at Emporia State University. His scholarly interests are in medical humanities, information literacy, educational theory, and evidence-based medicine; and his current research is an investigation of medical information literacy education and patient-specific context.

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Aleesha Shaik is currently a second year medical student at Drexel University. She received her Bachelors in molecular and cellular biology and French literature from Johns Hopkins University. Aleesha is working towards a Medical Humanities Scholar Certificate and a Women's Health Scholar Certificate at Drexel. She is currently spearheading a project to raise awareness about the homeless population and the healthcare issues they face in a blog entitled "Homeless but Human." As the AMA student group president at Drexel, she organized a TED Talk-style event in February featuring prominent Philadelphia speakers to promote the medical humanities and broaden student perspectives. Aleesha aspires to be a cardiologist and hopes to continue to contribute to humanism in medicine throughout her career.

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Lauge Sokol-Hessner, MD is a Hospitalist and the Associate Director of Inpatient Quality at Beth Israel Deaconess Medical Center (BIDMC), and an Assistant Professor of Medicine and the Site Director for the Fellowship in Patient Safety and Quality at Harvard Medical School. His work includes expanding the definition of preventable harm to include emotional harms, improving the quality of care for seriously ill patients and those near the end of life in collaboration with the Institute for Healthcare Improvement, and developing high-performing interdisciplinary teams. He completed his medical school and residency at the University of Pennsylvania, worked in medical settings in several southern African settings, and at the University of Washington Medical Center in Seattle, before moving to Boston.

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Shobha Stack, MD, PhD is an Associate Director of Medicine Student Programs and a hospitalist at the University of Washington. Her research focuses on wellness and resiliency in undergraduate and graduate medical education. Dr. Stack received her bachelors from MIT, her PhD from UC Berkeley, and her MD from Stanford University where she also completed her internship and residency in Internal Medicine.

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Karen Szauter serves as Assistant Dean, Educational Affairs and the Medical Director of the Office of Clinical Simulation. Her clinical work is in gastroenterology, and she enjoys working with medical students as the Co-director of the Internal Medicine clerkship.   Her research interest focuses on the application of simulated patient metholodolgy in the acquisition of clinical skills.

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Jennifer Tjia, MD, MSCE, is Associate Professor of Quantitative Health Sciences and Medicine at the University of Massachusetts Medical School in the Divisions of Epidemiology and Palliative Medicine. She is trained as a clinical epidemiologist and dual-board certified in Hospice and Palliative Medicine (HPM) and Geriatric Medicine. She was named a 2015 Sojourns Leadership Scholar by the Cambia Health Foundation, recognizing her commitment to improving the lives of patients and families through health system transformation. With support from the Gold Foundation, she is developing a research agenda focusing on mindfulness-based interventions to support the wellbeing of informal and professional caregivers of patients with advanced illness.

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Kelly Underman, PhD, is a Postdoctoral Research Associate in the Department of Medical Education at the University of Illinois at Chicago. She is a sociologist whose qualitative research interests include professional socialization, the social construction of bodies and emotions, and the provision of healthcare for marginalized communities. She has published articles in *Social Science & Medicine*, *Gender & Society*, *Patient Education and Counseling*, and *Sociology Compass.*

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Dr. Volpe is an Assistant Professor and Vice Chair for Education in the Department of Humanities at Penn State College of Medicine, and Director of the Clinical Ethics Consultation Service at Milton S. Hershey Medical Center. Dr. Volpe received her doctoral degree in health care ethics from Saint Louis University, and completed a fellowship in clinical ethics at California Pacific Medical Center's Program in Medicine and Human Values. Her empirical research pursuits focus on better understanding the nature and outcomes of medical humanities curriculum in schools of medicine.
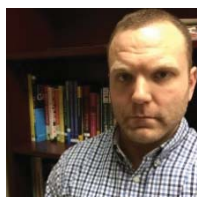
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Dr. Jason Wasserman is Associate Professor of Biomedical Sciences at the Oakland University William Beaumont School of Medicine. His scholarly work focuses on the social psychology of ethical decision-making, medicalization of homelessness, and the sociological impacts of the epidemiological transition on medicine. He directs the Medical Humanities and Clinical Bioethics courses for M1 students, as well as chairing the Admissions Committee and serving as Faculty Advisor on Professionalism. He also serves on the Ethics Consultation Service for Beaumont Health, sits on the Michigan State Medical Society Committee on Bioethics, and works closely with the Oakland County Homeless Healthcare Collaboration.

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Originally from Seattle, Dr. West received his MD and PhD in Biostatistics from the University of Iowa in 1999. He completed residency and chief residency in internal medicine at Mayo Clinic, and joined the faculty in General Internal Medicine in 2004. He is currently Professor of Medicine, Medical Education, and Biostatistics at Mayo. He directs the evidence-based medicine curriculum for the medical school, and is an Associate Program Director within the Internal Medicine Residency Program. He is also the Research Chair of General Internal Medicine. Dr. West's research has focused on medical education and physician well-being, and he is Co-Director of the Mayo Clinic Program on Physician Well-Being. Working closely with Tait Shanafelt and Lotte Dyrbye, his work documenting the epidemiology and consequences of physician distress, as well as emerging research on solutions, has been widely published in prominent journals including JAMA, Annals of Internal Medicine, and JAMA Internal Medicine.

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Julia Whelan has 35 years of experience as a medical reference and education librarian. She is currently at Beth Israel Deaconess Medical Center. Her previous positions were at Harvard's Countway Medical Library, MGH, Mass College of Pharmacy and Allied Health, and William James College (MSPP). Her teaching relates to evidence-based practice, diagnostic decision support tools, conducting systematic reviews, and database searching. Her interests include drug information, integrating evidence assessment into information tools, and medicinal plants. She is a member of "Librarians without Borders" as well as a "Citizen Scientist." She has a BA from Swarthmore College, and an MS from Simmons.

Participants

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Dr. Cynthia Whitehead is an Associate Professor in the Department of Family and Community Medicine at the University of Toronto; Director and Scientist at the Wilson Centre, Faculty of Medicine, University of Toronto at University Health Network; and Vice-President of Education, Women's College Hospital. Dr. Whitehead has been involved in teaching, curriculum design, curricular evaluation and educational administration and has a particular interest in educating for equitable, person-centred, compassionate care.

Her program of research as a Wilson Centre Scientist focuses on deconstructing 'truths' of health professions education to expand our understandings of possibilities for change. Some of Dr. Whitehead's specific content areas of research interest include globalization of medical education, outcomes-based education, interprofessional education, and the history of medical education. Internationally, she has provided education consultations and worked collaboratively with educators and researchers in multiple countries in Africa, Asia, South America, North America and Europe.

Monica C. Worline, PhD
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Monica Worline, PhD, is an organizational psychologist whose vision is to harness courageous thinking, compassionate leadership, and humanizing culture to create organizations that bring our best work to life. Monica is a research scientist with the Center for Compassion and Altruism Research and Education at Stanford University, where she is spearheading projects related to building compassion capability in healthcare. Monica is also an affiliate faculty member of the Center for Positive Organizations at the Ross School of Business, University of Michigan, where she leads the action-learning immersion program emphasizing interdisciplinary approaches to organization studies. Monica has been involved in over 15 years of research related to compassion in the workplace as a founding member and fellow of CompassionLab, a research collaboratory dedicated to exploring the shape and consequences of compassion in organizations. She holds a doctorate in organizational psychology from the University of Michigan and a BA with honors and distinction from Stanford.

Matthew K. Wynia, MD, MPH
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Dr. Wynia is an internal medicine and infectious diseases specialist whose career has focused on the intersections of professional ethics and health policy. He moved to Denver from Chicago in July 2015 to assume full time leadership of the University of Colorado's Center for Bioethics and Humanities. In Chicago, Dr. Wynia directed the Institute for Ethics at the American Medical Association for more than 15 years, leading projects on understanding the ethical climate of health care organizations, communication and team-based care, physician professionalism and self-regulation, ethics and epidemics, medicine and the Holocaust, and inequities in health and health care.

Participants

MAPPING THE LANDSCAPE LOGIC MODEL

Activities

While exemplifying the principles of humanism, the RI:

A. Awards grants
1. Mapping the Landscape grant
Supports rigorous literature reviews of humanism in health professions education and clinical learning environments

2. Discovery and Advocacy grant
Supports new studies to fill in research gaps and projects that use previous findings to advocate for change

B. Hosts Mapping the Landscape Symposiums
1. Presentations on findings from literature reviews, discovery, and/or advocacy projects

2. Skill-based trainings in the dissemination of research (e.g. social media, story-telling, etc.)

3. Interactive activities (e.g. reflection exercises, working groups, etc.)

C. Advocates for:
1. Humanism in health professions education and clinical learning environments. Includes advocacy by grantees within their home institutions, professional societies, and national organizations and by Gold RI in multiple domains including the medical education accreditation process

2. Establishing humanism research guidelines. Includes identifying rigorous methodologies and standards of dissemination

D. Develops Strategic Partnerships
Develops, expands, and maintains strategic partnerships to support and promote the research and practice goals of MTL

E. Creates a Community of Practice
1. Supports the development of mentoring relationships

2. Maintains an online presence and virtual community

3. Hosts MTL gatherings regularly at AAMC and other events

F. Supports the Recognition of Exemplary Humanism Research
Seeks and promotes national recognition for exemplary research in humanism

V. 12/9/2015

Short-term Outcomes
(0-2 year)

1. MTL grantees and symposium participants have:

- Learned strategies for practicing humanism in their personal and professional lives

- Begun to:
  - Increase self-care
  - Incorporate empathy in their daily practice
  - Connect meaningfully with colleagues/patients

2. MTL grantees and symposium participants have a deeper understanding of the underlying values, assumptions, biases, and culture that can sustain certain practices in health professions education and clinical learning environments (i.e. the 'hidden curriculum')

3. MTL grantees have:

- Increased their research and dissemination skills

- Begun to contribute to the field through dissemination of literature reviews and newly generated findings

4. MTL grantees and symposium participants have:

- Increased their knowledge of humanism in healthcare and understanding of research gaps

- Increased their innovative communication skills and begun to incorporate them into their dissemination activities

- Increased the dissemination of their research through both traditional and new media

5. The number of collaborative, cross-institution projects focused on humanism in healthcare has grown

The prestigious reputation of

6. MTL grantees and experts in the field have begun to participate in and identify as part of a community of practice

Assumptions
- Humanistic educational practices lead to deeper learning and more humanistic relationships with patients.

Intermediate-term Outcomes
(2–5 years)

7. Healthcare trainees and professionals have:
- Increased their practice of self-care and empathy
- Established stronger connections with peers and patients

8. Healthcare trainees and professionals begin to notice and address instances where the 'hidden curriculum' contributes to a negative training/workplace environment

9. Standards on humanism-focused research projects have been raised (i.e. more rigorous methodology is used)

10. More high quality research on the positive outcomes associated with humanism in healthcare is published in high impact journals

11. Strategies for increasing or sustaining humanism are implemented within and beyond MTL grantees' home institutions

12. An increased awareness of the value of humanism in healthcare extends beyond MTL grantees and symposium participants to other stakeholders

13. More effective curricula are designed and implemented that promote humanism and more methods are developed and used that assess humanistic practices

14. An increasing array of healthcare institutions and health professions schools:
- Provide wellness resources for health professionals and trainees
- Begin to integrate the principles of humanism throughout their organization

the Mapping the Landscape, Journeying Together community of trainees and experts propels model forward

15. Ongoing engagement in, dissemination about, and advocacy for the creation of positive humanistic change in healthcare environments solidifies the MTL as a community of practice

- When humanism is embedded within a system of technically/scientifically excellent practice, it leads to better patient care.

Long-term Outcomes
(5-10 years)

16. Healthcare trainees and professionals regularly engage in the creation of and experience a positive, humanistic academic and work environment

17. Accrediting bodies include a humanism component as a requirement for health professions education instruction

18. Healthcare institutions and health professions schools have made significant organizational changes that reduce workplace stressors and promote self-care

19. Humanism is deeply integrated into the culture, mission, and vision of healthcare institutions and health professions schools

20. Among healthcare academics and practitioners there is a deeper understanding of 'state of the art' humanism research, including research design and findings

21. The MTL community of practice is recognized as an influential leader in creating positive change in the field of healthcare

Impact
(10 years)

22. Research on humanism has been legitimized and is viewed as a science with widely accepted methods and standards of production

23. MTL research has contributed to a national understanding of the value of humanism and a body of evidence that informs healthcare policy

The work of Mapping the Landscape, Journeying Together contributes to:

24. Healthy healthcare trainees and professionals finding joy and meaning in their work, across the career spectrum

25. Healthcare trainees and professionals communicating and interacting in caring and compassionate ways

26. The development of micro and macro systems in health professions schools and healthcare institutions that support humanistic training and care

27. A positive/affirming culture within healthcare and health professions education

Outcomes related to individual level goals

Outcomes related to systems level goals

Outcomes related to organizational level goals

Logic Model

65

2016 - A Breakout Year

THE ARNOLD P. GOLD FOUNDATION

MAKING AN IMPACT

39,000
Student participants in White Coat Ceremonies

194
Team members supported by research and advocacy grants

27,800
Gold Humanism Honors Society members nationwide

468
Educators and clinicians recognized for keeping humanism at the core of their practice

FUNDRAISING SUCCESS

$2,160,233
Raised

660
Donors

SOCIAL MEDIA REACH

2,190
Followers

39,317
#WhiteCoatCeremony

3,390
Followers

THE REAL WORK

It may be that when we no longer know what to do
We have come to our real work,

And that when we no longer know which way to go
We have come to our real journey.

The mind that is not baffled is not employed.

The impeded stream is the one that sings.

> — Wendell Berry
> *Collected Works*

SONNETS TO ORPHEUS

Want the change. Be inspired by the flame
where everything shines as it disappears.
The artist, when sketching, loves nothing so much
as the curve of the body as it turns away.

What locks itself in sameness has congealed.
Is it safer to be gray and numb?
What turns hard becomes rigid and is easily shattered.

Pour yourself out like a fountain.
Flow into the knowledge that what you are seeking
finishes often at the start, and, with ending, begins.

Every happiness is the child of a separation
it did not think it could survive. And Daphne, becoming a
laurel,
dares you to become the wind.

> — Rainer Maria Rilke
> *In Praise of Mortality*
> translated and edited by Anita Barrows and Joanna Macy